

2009 Web Site Advertising Rates and Guidelines

Overview

Take advantage of this opportunity to reach the members of the Minnesota Chapter of the largest association for meeting professionals. The average MPI planner conducts 16 meetings a year and each planner member has an average annual budget of \$2.2 million. We currently have over 450 members in the Minnesota Chapter, and 50% of those members are planners. Cost-effective advertising opportunities are available through the MPI Web site and the online MPI *Meetings of the Minds* newsletter.

Web Site Rates – Placement is by Section

- **Home Page**
 - Box Ad:\$500.00/3 months
 - Banner:\$200.00/3 months
- **Career Center**
 - Box Ad:\$500.00/3 months
 - Banner:\$200.00/3 months
- **Member Resources**
 - Box Ad:\$250.00/3 months
 - Banner:\$100.00/3 months
- **Events**
 - Box Ad:\$250.00/3 months
 - Banner:\$100.00/3 months
- **News**
 - Box Ad:\$250.00/3 months
 - Banner:\$100.00/3 months
- **About Us**
 - Box Ad:\$250.00/3 months
 - Banner:\$100.00/3 months
- **Communications & News**
 - News Notes Banner top:\$200.00 per issue
 - Newsletter: Varies, request separate rate card

Submission Guidelines

- Graphic images must be in a **static** GIF or JPG format, no audio or video.
- All banner ads must be 395 x 60 pixels, and all box ads must be 300 x 125 pixels.
- Links to your company Web site will open in a new browser window.
- To submit your ad, simply complete the Web Site Advertising Contract and e-mail it along with the ad file to office@mnmpi.org.
- At the sole discretion of MPI MN, ads may or may not rotate in and out with other ads purchased in the same location.

Terms of Payment

All advertisements must be prepaid, no exceptions. Rates are noncommissionable. You must pay for all ads at the time you submit the initial ad. To submit payment and reserve advertising space, fill in this form and send to office@mnmpi.org, fax to (651) 917-1835, or mail to MPI MN; 1821 University Avenue West, Ste S256; St. Paul, MN 55104-2897.

Web Site Rate Policies

All advertisers having contract rates must have signed agreements. Rates may be increased on 30 days notice. Advertisers on contract are protected from rate increases for the duration of the contract.

*Advertising dollars are not considered contributions and therefore are not included in the accumulation of dollar values for the levels of sponsorship.



www.MNMPI.org

2009 Web Site Advertising Contract

To submit an ad, please complete the following questions and send to the office by fax or e-mail. Click in a field to enter text directly on this form. (Note: * = required)

Terms and Copy Regulations

- a) The publisher reserves the right to refuse or cancel any advertisement. Upon acceptance, publication is dependent upon space availability.
- b) In no event will the publisher be responsible for errors or omissions if the advertiser does not supply the correct copy by ad closing time.
- c) The advertiser agrees to defend and indemnify the publisher against any and all liability, loss or expense incurred from claims of trademarks, trade names or patents, violations of rights of privacy and infringements of copyrights and proprietary rights resulting from the publication of the advertiser's advertisements.

Advertisement Agreement and Information

* Date _____

* Advertiser _____

* Contact _____

* Address _____

* City/State/ZIP _____

* Telephone _____

* Fax _____

* E-mail _____

This contract is subject to the terms and conditions set forth in the current published rate card. By signing this agreement, the advertiser agrees that it has received a copy of such rate card and agrees to abide by its terms and conditions.

* By: _____
Authorized Representative

Please Indicate Ad Space Desired

Months to Run

(indicate start and end month and year)

Start _____ of _____ End _____ of _____

Start _____ of _____ End _____ of _____

Start _____ of _____ End _____ of _____

Ad Link Information

* URL and what to link from logo, ad or text _____

Alternate Text for Ad Image _____

Payment Options

Price per Placement: \$ _____

Total Owed: \$ _____

- Check (*payable to MN MPI*)
- VISA MasterCard
- Discover American Express

Card Number _____

Expiration Date _____

Name of Cardholder _____

Authorized Signature _____