

All **premium** positions must be 4-Color; All other ad positions can be B&W or 4-Color.

### PRODUCTION GUIDELINES AND AD SIZES

Trim Size	6" x 10.875"
Full Page Bleed (add 0.125" all around)	6.25" x 11.125"
Full Page No Bleed	5.5" x 9.875"

- Inside B&W ads will not bleed. All Color ads may bleed. (Add 0.125" all around)
- All ads must be accompanied by print out or proof sheet

Please **FAX** this form to Debra Venedam at: 212.302.7643 or **Email** it to [dvenedam@the-dma.org](mailto:dvenedam@the-dma.org)

Please **Email** artwork to Debra Venedam at [dvenedam@the-dma.org](mailto:dvenedam@the-dma.org)

### ACCEPTABLE SOFTWARE AND FILE TYPE

- A. High resolution PDF
- B. High resolution Photoshop CS3 or lower EPS or tiff 300dpi
- C. Illustrator EPS CS3 or lower (EPS illustrator files should have all fonts outlined)
- D. InDesign CS3 MAC format (all images and fonts should be included)

**DEADLINES**  
**Insertion Orders:** October 29, 2010  
**Artwork:** Due November 3, 2010

For additional information, please contact **Trinette Cunningham** at 724.809.6224 or email [tcunningham@the-dma.org](mailto:tcunningham@the-dma.org).

### ADVERTISING RATES

	DMA MEMBERS	NON MEMBERS
<input type="checkbox"/> 4/Color logon in your Exhibitor Description	\$350	\$450
<input type="checkbox"/> B&W logo in your Exhibitor Description	\$295	\$395
<input type="checkbox"/> 7"x1" Banner across bottom of Directory Page	\$395	\$495
<input type="checkbox"/> Quarter Page Ad	\$495	\$595
<input type="checkbox"/> Half Page Ad	\$595	\$795
<input type="checkbox"/> Full Page Ad	\$1,295	\$1,595
<input type="checkbox"/> Inside Back Cover (4-Color only)	\$1,995	\$2,495
<input type="checkbox"/> Inside Front Cover (4-Color only)	\$2,295	\$2,795
<input type="checkbox"/> Back Cover (4-Color only)	\$2,595	\$3,095
<input type="checkbox"/> Belly Band (price based on provided belly band materials)	\$3,095	\$3,595

Advertiser \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Title \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

### PAYMENT

Total Amount \$ \_\_\_\_\_  
 Check Enclosed (Made payable to DMA)  
 Visa     MasterCard     American Express     Discover  
 Card Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_  
 Name (as it appears on card) \_\_\_\_\_  
 Company Name (if corporate card) \_\_\_\_\_  
 Sign Here \_\_\_\_\_

Please keep a copy of this form on file for your records.