



**59th Annual Meeting February 24-27, 2010
Flamingo Las Vegas, Las Vegas, Nevada**

PROGRAM ADVERTISEMENTS

The program for the Midwest Finance Association is provided to **all** meeting participants as a part of their registration package. Ad copy can be submitted as a black and white camera-ready print or as an electronic file. Send ads to Beverly Frickel at frickelbj@unk.edu. Full page image size is 8 ½ inches wide by 11 inches long. Ad copy must be received by January 15, 2010.

Program Ad Rates

Space	Cost
Full interior page	\$250
Center Spread (2 pages)	\$450
Inside Back Cover	\$300
Inside Front Cover	\$300
Outside Back Cover	\$350

MEETING PACKET INSERTS

Inserts could be items or ads that are too large for the program brochure, mail-in offers, or coupons intended to draw individuals to your business. Inserts must be sized to fit in a standard 9x12 envelope. Cost is **\$300**. Send inserts to arrive to Beverly Frickel no later than **February 10, 2010**.

INTEREST GROUPS AND HOSPITALITY EVENTS

Advertisers may host interest or focus groups and sponsor hospitality suites through the hotel's catering office. However, please schedule events such that they do not compete with the MFA's events but enhance program.

Contract

I would like to contract for the following and agree to the procedures above.

Ad space in program _____	Cost _____
Meeting Packet Insert (send sample or describe) _____	Cost _____
Name _____	Company Name _____
Address _____	
Signature _____	Phone _____ - _____ - _____ Ext. _____
Fax _____ - _____ - _____	E-mail _____
Date _____ / _____ / _____	

Please complete, sign, and return a copy of page one of this contract to Beverly Frickel, MFA Executive Director, Department of Accounting & Finance, WSTC 300C, University of Nebraska at Kearney, Kearney, NE 68849. For questions contact Beverly Frickel at 308-865-8571 or frickelbj@unk.edu

Make check payable to the Midwest Finance Association or fill in credit information below if paying by credit card. **Credit card payment is preferred and can be faxed to (308) 865-8310.**

CREDIT CARD INFORMATION

Card Number _____	Exp. Date _____ / _____	CCV Number _____ (on back of card):
Signature _____	Visa _____ MasterCard _____ AmExpress _____	