

# 2015 Human Services Conference AD Form-Souvenir Book



Agency/Company Name: \_\_\_\_\_

Address of Agency/Company: \_\_\_\_\_

Name of Person Requesting Sponsorship: \_\_\_\_\_

Telephone Number of Person Requesting the Ad: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Ad Deadline: 4/30/15**

**Advertising Opportunities**  
Please check size of ad you wish to place in the souvenir book.

<input type="checkbox"/> Full Page	\$500.00
<input type="checkbox"/> Half Page	\$300.00
<input type="checkbox"/> Quarter Page	\$200.00

Submit your **CAMERA READY** ads electronically as a:  
Word Document, JPEG file or PDF File to:

mmoaney@maryland-cap.org  
Ms. Michelle Moaney  
Phone: (443) 482-5168

This form may be completed electronically or photocopied and scanned and then submitted.

Please make your check or method of payment payable to MCAP and mail to:

Ms. Michelle Moaney,  
State Training Coordinator  
Maryland Community Action Partnership  
420 Chinquapin Round Road, Suite 2-I  
Annapolis, MD 20401

<p><b>Full Page Advertisement</b> Live Area: 8" x 10.5" Bleed: 8.75" x 11.25"</p>	<p><b>Half Page Advertisement</b> Live Area: 8" x 5" Bleed: 8.75" x 5.25"</p>		
	<table border="0"> <tr> <td style="border: 1px dashed black; padding: 5px;"> <p><b>Quarter Page Advertisement</b> Live Area: 4" x 5" Bleed: 4.5" x 5.25"</p> </td> <td style="border: 1px dashed black; padding: 5px;"> <p><b>Quarter Page Advertisement</b> Live Area: 4" x 5" Bleed: 4.5" x 5.25"</p> </td> </tr> </table>	<p><b>Quarter Page Advertisement</b> Live Area: 4" x 5" Bleed: 4.5" x 5.25"</p>	<p><b>Quarter Page Advertisement</b> Live Area: 4" x 5" Bleed: 4.5" x 5.25"</p>
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**FISCAL ACCOUNTING INFORMATION** (Check One Please)

**Check enclosed.** Please make checks payable to **Maryland Community Action Partnership (MCAP)**

**Purchase Order No.** \_\_\_\_\_ (If using a purchase order, please attach this form.)

**Charge:**    **Visa**    **MasterCard**    **Discover**    **American Express** ( 2.5% processing fee is required credit card payments.)

Card Number \_\_\_\_\_ Security Code: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name as listed on Card: \_\_\_\_\_

Email Address: \_\_\_\_\_