



ADVERTISING INSERTION ORDER

_____ YES! We'd like to advertise in the 2015 WiVi Program

TO ORDER: Complete this form and submit it, along with your payment instructions by the deadline as outlined below. All payments and artwork must be submitted before the submission deadline.

CANCELLATION POLICY: All cancellations must be in writing and received by WiVi no later than 15 days prior to deadline.

Submission Deadline: February 2, 2015

CONTACT information

DATE _____

CONTACT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS: _____

PH _____ FAX _____

AUTHORIZED SIGNATURE _____

AD sizes and rates

All ads are full-color

CHECK DESIRED SIZE		Horizontal	Vertical
<input type="checkbox"/> Back Cover	\$2,000	8.5" x 11"	
<input type="checkbox"/> Inside Back Cover	\$1,600	8.5" x 11"	
<input type="checkbox"/> Inside Front Cover	\$1,500	8.5" x 11"	
<input type="checkbox"/> Full Page	\$1,200	8.5" x 11"	
<input type="checkbox"/> Half Page	\$800	8.5" x 4.25"	4.25" x 11"
<input type="checkbox"/> Quarter Page	\$500	4.25" x 5.5"	2.125" x 11"
<input type="checkbox"/> Eighth Page	\$300	2.125" x 8.5"	2.125" x 5.5"

Program Advertisements are included in some Sponsorships. Please refer to Sponsorship & Exhibitor Opportunities Guide for more information. If you are sponsoring and your sponsorship includes advertising, please indicate your sponsorship level below, complete Advertising Insertion Order and submit with your Sponsorship Pledge Form.

Sponsor Level: _____

(Please see Sponsorship/Exhibitor Guide for sponsorship opportunities)

SPECIAL INSTRUCTIONS

Please submit your high-resolution file in pdf, tif or eps format by February 2, 2015 to: info@wivicentralcoast.com

PAYMENT information

- CHECK PLEASE BILL US (invoices are due upon receipt)

Please make checks payable to "WiVi"
Fax registration forms to: (707) 940-3930

CONTACT information

PH (707) 940-3937

Fax (707) 940-3930

info@WiViCentralCoast.com

Mailing Address:

110 West Napa Street
Sonoma, CA 95476

www.WiViCentralCoast.com

CREDIT CARD

- AMEX VISA MC

NAME ON CARD _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

CARD NO. _____

EXP DATE _____ AUTH CODE _____