

Full Page

Size 8" x 10"

Full Color

jpg files only

\$300

All sizes shown not to scale

Half Page

Size 4" x 8"

Full Color – jpg files only

\$150

Business Card

2"x3"

Full Color

jpg files only

\$50

1/4 Page

Size 4" x 5"

Full Color – jpg files only

\$75

Banner Footer for Presenters only – 2"x 8" – Full Color – jpg files only FREE!



REEA 2015 Annual Conference Attendee Program Book
Sponsorship Opportunities
Advertising Opportunities

Throughout Book (REEA's Choice of Location & Placement)

<input type="checkbox"/> Full Page	8"x 10" Full Color – jpg files only	\$300
<input type="checkbox"/> Half Page	4"x 8" Full Color – jpg files only	\$150
<input type="checkbox"/> ¼ Page	4"x 5" Full Color – jpg files only	\$ 75
<input type="checkbox"/> Business Card	2"x 3" or 3"x 2" Full Color – jpg only	\$ 50

Inside Front Cover

<input type="checkbox"/> Full Page	8"x 10" Full Color – jpg files only	\$450
<input type="checkbox"/> Half Page	4"x 8" Full Color – jpg files only (only available if full pages are not taken)	\$300

Sponsorship Guidelines:

In order to be in compliance with our Non-Profit status, preserve resources of our promotion program to help underwrite our education and training, we will use a restricted definition of sponsorship. Your support in keeping to these definitions will preclude these fees from being subject to taxation.

Kindly show your support of our mission and programs by sharing your enthusiasm and you may provide any and all of the following data for your placement:

Business name • Address city state zip • Web address • Email address • Phone numbers • Tag line • Logo • Image
You are welcome to include sentences that express your pride in supporting REEA

All Advertising must be sent to Kris@REEA.org in a jpg format only, to be placed in Attendee book
No later than Friday, May 1, 2015, 5pm ET via email to Kris@REEA.org with completed application below

FAX (520) 296-6006 OR EMAIL YOUR APPLICATION to Kris@REEA.org

✓ **Yes, please include me!**

Name: _____ Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (____) _____ Fax: (____) _____ Signature: _____

PAYMENT INFORMATION

Payment Type: ☐ MC ☐ Visa ☐ Check Amount of Pmt: \$____.00 (please print)

Name on Card: _____ Company: _____

Credit Card No.: _____ Expiration Date: ____/____ Security Code: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Phone (____) _____ Fax: (____) _____ Authorized Signature: _____



REAL ESTATE EDUCATORS ASSOCIATION

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