Full Page
Size 8” x 10”
Full Color
jpg files only
$300

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)*

- **Full Page**
  - 8”x 10” Full Color – jpg files only
  - $300

- **Half Page**
  - 4”x 8” Full Color – jpg files only
  - $150

- **¼ Page**
  - 4”x 5” Full Color – jpg files only
  - $ 75

- **Business Card**
  - 2”x 3” or 3”x 2” Full Color – jpg only
  - $ 50

**Inside Front Cover**

- **Full Page**
  - 8”x 10” Full Color – jpg files only
  - $450

- **Half Page**
  - 4”x 8” Full Color – jpg files only
  - $300

*(only available if full pages are not taken)*

**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*

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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: __________________________

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REAL ESTATE EDUCATORS ASSOCIATION
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