Connect with the meeting attendees and get known by museum executives from leading cultural institutions in the U.S. and abroad.

### ADVERTISEMENT RESERVATION FORM

Reach your target audience year round. Print and electronic advertising is an affordable and effective way to stretch your marketing dollars. Advertising in our Annual Meeting Program targets a diverse audience of museum professionals and eWestmuse provides up to 12 months of exposure to industry insiders.

ANNUAL MEETING PRINTED F	PROGRAM AD RATES (please so	elect one)
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Half Page (8" w x 5.25" h) \$750 ☐ Inside Cover (8.5" w x 11" h) \$1,800 ☐ Full Page (8.5" w x 11" h) \$975 ☐ Back Cover (8.5" w x 11" h) \$2,500 ☐

# **ANNUAL MEETING PROGRAM INSERTION**

Your marketing piece will be inserted into each attendee's on-site Annual Meeting registration packet: \$500 🗖

## **ELECTRONIC ADVERTISING PACKAGES** (please select one)

WMA Home Page Ad & Monthly <i>eWestmuse</i> Ads are placed on WMA's home page for maximum visibility.	Cycle 4 months 8 months 12 months	Size 340px X 200px 340px X 200px 340px X 200px	\$400 \$800 \$1200	
WMA Website Ad & Monthly <i>eWestmuse</i> Ad placement on high traffic pages, such as Annual Meeting page, Job Board, and Awards and Scholarships.	4 months 8 months 12 months	200px X 340px 200px X 340px 200px X 340px	\$300 \$600 \$900	

Receive 10% off of the prices published above when you purchase both a print ad and electronic ad.

Select sponsorship(s) above and enter the total amount enclosed in the box to the right.

TOTAL AMOUNT \$

### **SPONSOR INFORMATION**

Please enter your information clearly and EXACTLY as you would like it to appear in WMA listings.

Primary Contact \_\_\_\_\_\_\_

Company \_\_\_\_\_\_

Address \_\_\_\_\_\_

City \_\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_\_ Fax \_\_\_\_\_

E-mail

For more information contact:

Jason B. Jones, WMA Executive Director 707.433.4701 • wma@westmuse.org

### METHOD OF PAYMENT

☐ Check Enclosed (payable to Western Museums Association)						
☐ Credit Card:	O AmEx	O MasterCard	O Visa			
Card#						
Exp. Date		CVC				
Cardholder's Name						
Billing Address						
City	State	e Zip				
Signature		Date				

Complete this form and return it with payment to:

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Western Museums Association
PO Box 11341, Indianapolis, IN 46201-9998