

**NATIONAL CONGRESS OF AMERICAN INDIANS  
66th Annual Convention  
October 11-16, 2009  
Palm Springs, CA**

**DEADLINE:  
August 31, 2009**

**ADVERTISEMENT CONTRACT**

**ADVERTISER INFORMATION**

Contact Person: _____	Daytime Phone: _____
Title/Position _____ Company/ _____ Organization/Tribe: _____	Fax No. _____
Mailing Address: _____	E-Mail: _____
City: _____ State: _____ Zip Code: _____	Will the contact person register to attend the conference? <input type="checkbox"/> Yes <input type="checkbox"/> No

**SIZE OF ADVERTISEMENT**

<input type="checkbox"/> \$1,300 FULL PAGE	<input type="checkbox"/> \$800 ONE-HALF PAGE	<input type="checkbox"/> \$600 ONE-QUARTER PAGE	<input type="checkbox"/> \$500 BUSINESS CARD
--	--	---	--

7.5" x 10"

7.5" x 4.25"

3.625" x 5"

2.125" x 3.625"

Exact dimensions required or must be able to enlarge/reduce Ads to these dimensions. Screen Line for all ADS is 150.

**COVENANT**

This application for advertising space in the 66th Annual Convention Program was made and entered into on this \_\_\_\_\_ day of \_\_\_\_\_, 2009, between The National Congress of American Indians, hereinafter referred to as "NCAI," and \_\_\_\_\_, hereinafter referred to as "Advertiser."

**SIGNATURES**

_____ Advertiser Authorized Signature:	_____ Advertiser Printed Name and Title:
---	---

**METHOD OF PAYMENT**

**FEE TOTALS**

Enclosed is a check or money order payable to the National Congress of American Indians

Please charge fees to my credit card:  
 VISA     MC   
 Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_  
 Cardholder Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Grand Total    \$ \_\_\_\_\_

**WHERE TO SEND THIS FORM AND PAYMENT**

Make check payable to: Please send form and payment to:	<b>NATIONAL CONGRESS OF AMERICAN INDIANS</b> 1516 P Street NW Washington DC, 20005	For Information call: NCAI @ 202.466.7767
--	--	--

IMPORTANT: ENCLOSE PRINT-READY COPY OF AD WITH THIS FORM

**FOR REGISTRATION STAFF USE ONLY (Please do not write in this area.)**

Received by: _____	Date: _____	Received by: _____	Date: _____
Payment Received: \$ _____	Received by: _____	Date: _____	
Cash <input type="checkbox"/> Credit Card <input type="checkbox"/>	Check Number: _____	Note: _____	