

Advertiser's Form



FIRM NAME: _____

ADDRESS: _____

PLEASE PRINT

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

Write the number of ads you are requesting in the appropriate box(es).



Full-page ad in program—\$150 (4.5" W x 7.5" H)



Half-page ad—\$100 (4.5" W x 4" H)

Program advertisements may be emailed as JPEG, GIF, or PDF to rausche5@msu.edu

AD DEADLINE: January 30

FIRM: _____ AMOUNT: \$ _____

REPRESENTATIVE'S NAME: _____

SIGNATURE: _____ DATE: _____

Send this form with payment to:

Delores Rauscher
258 Bessey Hall
Michigan State University
East Lansing, MI 48823

Make checks payable to:

National PCA/ACA

Contact Information:

Delores Rauscher
rausche5@msu.edu
PH: (517) 432-7413
FAX: (517) 432-7419