

# MFM & BCCA

## 2010 Membership Directory

### Space Reservation Form\*

#### Premium Positions<sup>1</sup>

|   |                 |         |
|---|-----------------|---------|
| <input type="checkbox"/> Inside Front Cover | 7.375" x 9.875" | \$3,900 |
| <input type="checkbox"/> Inside Back Cover  | 7.375" x 9.875" | \$3,900 |
| <input type="checkbox"/> Outside Back Cover | 7.375" x 9.975" | \$5,400 |

#### Inside Ads

|   |                   |         |
|---|-------------------|---------|
| <input type="checkbox"/> Full Page              | 7.375" x 9.875"   | \$2,375 |
| <input type="checkbox"/> Half Page              | 7.375" x 4.9375"  | \$1,650 |
| <input type="checkbox"/> Quarter Page           | 3.6875" x 4.9375" | \$1,100 |
| <input type="checkbox"/> Divider Sheets         |                   |         |
| <input type="checkbox"/> With Full Page         | 7.375" x 9.875"   | \$2,925 |
| <input type="checkbox"/> Divider Sheets         |                   |         |
| <input type="checkbox"/> With Half Page         | 7.375" x 4.9375"  | \$1,775 |
| <input type="checkbox"/> Directory Listing only |                   | \$ 350  |

\*All ads include a complimentary Directory Listing. Please complete attached form.

Additional Charge for Color:

\$265 Spot Color/\$525 Full Color

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Send Advertising Materials in an .EPS or .PDF file with the fonts embedded via e-mail to [apimentel@bcfm.com](mailto:apimentel@bcfm.com). *Please also fax a copy of your ad to (847)716-7004.*

**DEADLINE FOR MATERIALS – October 31, 2009**

Contact Arcelia Pimentel (847.716.7000) or Andrew Long at (847.999-2103 with questions.

<sup>1</sup> 2009 advertisers have right of first refusal on Premium Positions.

# MFM/BCCA 2010 MEMBERSHIP DIRECTORY

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## PRODUCTS/SERVICES DESCRIPTION FOR 2010 DIRECTORY LISTING

**DEADLINE – October 31, 2009**

***PLEASE TYPE OR LEGIBLY PRINT ALL INFORMATION  
AS IT WILL APPEAR IN MEMBERSHIP DIRECTORY***

Company Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Email \_\_\_\_\_ Website \_\_\_\_\_

Description of Products/Services: (Please limit to 100 words)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Name \_\_\_\_\_

Title \_\_\_\_\_

**PLEASE FAX COMPLETED FORM TO 847.716.7004**

**Thank you!**