



2012 Membership Directory Advertising Contract

Company Name: _____
 Address: _____
 Phone: (_____) _____
 Email: _____
 Product(s)/Service(s) to be advertised: _____

Key Contact Person: _____
 City/State: _____ Zip: _____
 Fax: (_____) _____
 Company Website: _____

2012 Membership Directory Advertising Rates & Specifications

*Back Cover (5" w x 8" h)	\$2000	*Inside Front or Back Cover (5" w x 8" h)	\$1700
**Full Page Tab (5" w x 8" h)	\$950	Half Page Tab (5" w x 4" h)	\$750
In Column Business Card Ad (3 1/2" w x 2" h)	\$350		

*Four color ad. Others are black & white.

** Tabs include: Provider Members, Associate Members, Members by Organization, Member Contacts, Structure & Leadership, and Association Resources. Front and back ad available for each tab.

Print Ad Specifications

♦ All ads should be submitted electronically as a high resolution EPS or TIF file, including all fonts & graphics.

Print Ad Cancellation Policy

A refund of one half the cost of the ad will be provided if cancellation notice is received in writing by December 15, 2011. Ad fees are non-refundable if cancellation is received after that date.

Advertising Deadline

Ad and contract must be received by December 30, 2011.



Contracted Ad Size: _____
Rate: \$ _____
TOTAL DUE: \$ _____

- Please Bill Me (Care Providers of Minnesota Members Only)
- Check Enclosed (payable to Care Providers of Minnesota)
- Please charge my credit card: Visa Master Card AMEX

Card #: _____ Exp Date: _____ 3 or 4 Digit Security Code: _____
 Signature: _____

I hereby agree to the terms, conditions, and rates and sizes as stated in this Contract and the applicable advertising rate card, which is a part of this Contract, and hereby authorize the insertion of advertising in the Publication(s) designated above. I understand that this will become a binding Contract only after Care Providers of Minnesota indicates its acceptance by signing below:

ADVERTISER: _____ DATE: _____

AUTHORIZED SIGNATURE: _____

PRINT NAME/TITLE: _____

Care Providers of Minnesota

AUTHORIZED SIGNATURE: _____ DATE: _____

PRINT NAME/TITLE: _____

Please sign and mail or fax to:

Cyndi Spencer, Director of Marketing & Events, Care Providers of Minnesota
7851 Metro Parkway, Suite 200, Bloomington, MN 55425 Fax 952-854-6214
Care Providers of Minnesota will sign and mail a copy of the executed contract back to you.

Note: The terms and conditions on the following pages of this application are fully incorporated and are part of this application and will become part of our binding contract upon acceptance of this application by Care Providers of Minnesota. It is important that you read and understand them.
 Care Providers of Minnesota reserves the right to refuse to sell advertising space to any advertiser for any reason to protect the interests of our membership.

For Office Use Only: Payment Date: _____ Check #: _____ Amount: _____

Contract Terms and Conditions

This Advertising Contract (the "Contract") is made by and between Care Providers of Minnesota (hereinafter referred to as The Association) and The Advertiser (as listed on the front of this Contract) on the date this Contract was signed by The Association. The parties hereto agree to the following terms and conditions listed below and the advertising rates and sizes listed on the applicable rate card(s):

1. The Association shall sell and Advertiser shall purchase advertising space pursuant to the terms and conditions contained herein.
2. Advertiser shall purchase space in the publications, and editions if applicable, that the Advertiser has written on the front of this Contract.
3. Advertiser shall purchase space according to the rates and sizes specified on the rate card currently in effect for the relevant Publication(s).
4. The Association will only accept ad copy as specified in the rate card currently in effect for the relevant Publication(s).
5. All Contracts/copy/art must be submitted to The Association by the date(s) specified on the rate card currently in effect for the relevant Publication(s). The Association shall have the right to refuse to publish any ad not received by it prior to this time, and no refund shall be made to Advertiser. Advertiser must make full payment at this time. If payment in full is not received, this Contract will be cancelable, at the Association's option.
6. The Association shall have the right to place the ad anywhere in the Publication, unless preferred space is purchased, and to indicate on the ad itself that the ad is a "Paid Advertisement."
7. The Association shall have the sole right to cancel this Contract and refuse to print the ad of Advertiser, if The Association determines that the ad is in bad taste; in conflict with programs or services offered by The Association; in conflict with the general principles of The Association; not in the best interest of The Association's members; illegal, or in any way not suitable for publication. If The Association cancels this Contract for any of these reasons, The Association shall refund the amount paid by Advertiser. To the extent practicable, The Association shall give advance notice to Advertiser of said cancellation, however, The Association shall have the right to refuse to publish ad without prior notice to Advertiser.
8. Upon request, the Association will notify Advertiser of the name and the address of the printer and publication designer. Advertisers may contract individually with the publication designer for assistance in preparing their ads.
9. The Association shall not be responsible for any errors or omissions made by the printer in preparing, modifying or printing Advertiser's ad. If an error is made in the ad of Advertiser, The Association shall, upon prompt notice by Advertiser of the error, republish Advertiser's ad in another Association publication, free of charge to Advertiser. Where appropriate, The Association will publish a brief statement in Association's newsletter advising its readers of the corrected error. The Association shall in no way be responsible for any other damages claimed by Advertiser due to such error or omissions.
10. In consideration of The Association permitting Advertiser to advertise in the Publication(s), Advertiser, for himself, his heirs, legal representatives, successors, and assigns, does hereby release, acquit, and forever discharge and hold harmless The Association, its heirs, legal representatives and assigns, of and from all claims and demands of every kinds and character whatsoever accrued or that might hereafter accrue as a result of Advertiser's advertising in the Publication(s) and from any consequences resulting directly or indirectly there from.
11. This Contract, including any advertisement published in accordance with the terms of this Contract, does not constitute an endorsement by the Association of the Advertiser's products, goods or services. The Association does not warrant, guarantee, or otherwise represent the merchantability or fitness of any Advertiser's product or the capability or services of any Advertiser.
12. This Contract represents the entire agreement between The Association and Advertiser and may not be modified or terminated without the written consent for
13. This Contract shall be binding upon the parties, their successors and assigns.
14. This Agreement shall be construed according to the laws of the State of Minnesota.



Care Providers of Minnesota 7851 Metro Parkway Suite 200 Bloomington, MN 55425
952-854-2844 FAX 952-854-6214