



Business and
Professional
Women/FL

2011 BPW/FL FALL CONFERENCE
Doubletree by Hilton at Sea World Orlando
 10100 International Drive, Orlando, FL 32821
Friday, October 14 – Sunday, October 16, 2011

Program Advertising & Vendor Table Rate Sheet Form

(Corporate Sponsors & Partners use Conference Sponsor Packet)

ADVERTISING RATES (Florida Business Woman Magazine advertising rates available upon request)

<u>Placement/Size</u>	<u>Member Cost</u>	<u>Non-Member Cost</u>	<u>Dimensions</u>
Inside Front	\$175	+\$50	7.25"wide x 10"high
Inside Back	\$175	+\$50	7.25"wide x 10"high
Half page Ad	\$100	+\$25	7.25"wide x 4.75"high
Quarter Page Ad	\$ 50	+\$25	3.25"wide x 4.75"high
Business Card	\$ 25	+\$25	3.5"wide x 2.5"high

Specs: Artwork must be provided in camera-ready format or digitally in .jpeg, .eps, or .pdf format.
 E-mail artwork in those files to 2011fallconf@earthlink.net or submit on disc/cd.
 Black and white ads ONLY.

Advertising Size: _____ Cost: \$ _____ Artwork attached (see specs above)

Vendor and Exhibitor Table Rates

EXHIBITION HOURS

Saturday (10/15/11) 8:00 am to 6 pm
 Set up Saturday morning 7:00am to 8:00am
 Vendor area will be advertised in hotel lobby

1 6-Foot skirted table ((White/Burgundy)

BPW Members: \$50/ table

Non-Members: \$100/ table

Product: _____ # Tables _____ Electricity: Y N Cost: \$ _____
(Conference will impose a 2 Vendor/Product limit) (Limited Availability, may incur up-charge)

Exhibitor Agreement

As an exhibitor at the BPW/FL 2011 Fall Conference, I, (Business Name/ Your name) _____ ,
 am aware the hotel and/or BPW/FL is not responsible for any loss or damage incurred to me, and I am responsible to adhere to the
 set up/ break down schedule. Sign _____ Date _____

ADVERTISING AND/OR VENDOR COMPLETE FORM AND RETURN BEFORE OCTOBER 1, 2011

Company Representative's Name: _____

Company Name: _____ E-mail: _____

Mailing Address: _____

ZIP: _____ Business Tel: _____ Home Tel: _____

I am purchasing: An Ad [] A Vendor Table [] Note:

METHOD OF PAYMENT

Check: Amount Enclosed: \$ _____

Credit Card: MC [] Visa [] Amount to Charge: \$ _____

Make Check Payable to:

Credit Card #: _____

BPW/FL 2011 Fall Conference

Name as it appears on Card: _____

Mail check & Copy of Vendor Form to:

Exp Date _____ 3 digit security code: _____

Jo Ann Orr, Conference Treasurer

e-mail Completed Vendor Form to: Eva Krzewinski , Vendor Chair

143 Bahama Drive

2011fallconf@earthlink.net

Marathon, FL 33050

(407) 227-5929 (c)

Conference Contacts:

Lorraine Pollock, Conference Chair, / Zelda Ladan, Conference Co-Chair