



Vendor Directory Order- Complete and fax to 763-497-8810

Your Ad Sales Rep: Erica Nelson 763-497-1778 /

erica@pierreproductions.com (reference current rate card)

Marketing Contact Information:

Company: _____
Contact Person: _____
Address: _____
City, State, Zip: _____
Telephone: _____ Fax: _____
Email: _____ Website: _____

FOR PUBLISHING - Information to be printed:

Company: _____
Contact Person: _____
Address: _____
City, State, Zip: _____
Telephone: _____ Fax: _____
Email: _____ Website: _____

Yes, include us in the Vendor Directory. Fee \$465* (listing included with all packages)

Please select one category. Two additional categories may be purchased for \$80 per. Three or more for \$65 per.

- Actuary, Architects/Engineers/Facility Planners, Athletic Facilities, Athletic Sport Floors/Surfacing, Attorneys, Auditorium Seating, Commissioning, Computer Lab Equipment, Construction Mgmt & Consulting, Cost Estimating, Document Management Solutions, Door Sales & Service, Educational Programs/Services, Electrical Engineers/AV Systems, Employee Assistance Program, Energy Solutions, Environmental Consultants, Facilities Maintenance & Supplies, Financial Management, Fire & Security, Floor Coverings, Food Service Products & Services, Indoor Air Quality, Janitorial Contract Services, Labor Relations, Lift Equipment Rental, Lockers, Management Support, Modular Classrooms, Municipal Lease Financing, Playgrounds, Public Finance, School Supplies/Furniture, Security/Communications Systems, Software Systems, Technology, Technology Education, Transportation, Wireless Communications, Other: _____

Listing Fee (waived if with package)

\$0 or \$465 \$ _____

Add'l Categories/Expense

Per for up to 2
_____ x \$80= \$ _____

Per for up to 3 or more
_____ x \$65= \$ _____

Directory Total \$ _____

Listing is for 12 months/6 issues of the Journal. Starting issue: _____

For office use only: To HQ on _____ Package rate for listing \$ _____

Signing below constitutes agreement to the details listed above and to the Minnesota School Boards Association General Terms & Conditions.

Advertiser's Signature

Date

Full Payment Required: [] Total payment is enclosed (Check payable to MSBA) [] Please Invoice [] Credit Card
Circle One: Visa Mastercard American Express
Number (please print legibly): _____ Expiration: ____/____/____
Name on card: _____ Security Code _____