



CONVENTION SPONSORSHIP FORMS

"Giving Back" - Orlando, Florida

Friday, July 22nd - Sunday, July, 24th 2011

Tax ID: 20-4079025



CONVENTION PROGRAM BOOK ADVERTISEMENTS FORM

AD SELECTION:	AD SIZES DIMENSIONS (LIVE AREA):	COST:
• Full page ad _____	4.75" wide x 7.5" deep _____	\$600.00
• Three-fourth page ad _____	4.75" wide x 5.63" deep _____	\$400.00
• Half page ad _____	4.75" wide x 3.75" deep _____	\$300.00
• Quarter page ad _____	2.25" wide x 3.75" deep _____	\$250.00

Production specifications: Electronic files preferred. Graphics: MUST be EPS, TIFF, JPEG or PDF format. Resolution: 300 dpi or better @ 100% print ready art work to size. Materials deadline: June 15th, 2011

FOR ADDITIONAL DETAILS CONTACT: Narendra Krushiker - Phone: 479-879-6995
 Fax: 479-872-1854 • Email: MWPLEDGES@gmail.com • Mail: P O BOX 7479, Springdale, Arkansas 72762

- I am supplying artwork (please specify format) _____.(Please print clearly)
 I don't have artwork. Please create an ad for me. Text below (Maximum 50 words for half and full page ads, 20 words for smaller ads):

I WISH TO PURCHASE THE FOLLOWING AD:

Full page ad Three-fourth page ad Half page ad Quarter page ad
 Check for the amount of \$_____ is enclosed (make payable to Matiya World Inc.)
 Please charge my credit card: American Express Master Card Visa.
 Name of Card Holder: _____ Card Number: _____ CVC #: _____
 Expiration Date: _____ Signature: _____

PLEASE PRINT CLEARLY:

Name _____ Title _____ Company _____
 Address _____ City _____ State _____ Zip _____
 Daytime Telephone _____ Fax _____ Email _____
 Send Form By: Fax: 479-872-1854 • Email: MWPLEDGES@gmail.com • Mail: P O BOX 7479, Springdale, Arkansas 72762

EVENT COMMITMENT SPONSORSHIP FORM:

PLEASE PRINT CLEARLY:

Name _____ Title _____ Company _____
 Address _____ City _____ State _____ Zip _____
 Daytime Telephone _____ Fax _____ Email _____

- **EVENT SPONSORED:** _____
 • **PLEDGE AMOUNT:** _____

Check for the amount of \$_____ is enclosed. (make payable to Matiya World Inc.)
 Please charge my credit card: American Express Master Card Visa
 Name of Card Holder: _____ Card Number: _____ CVC #: _____
 Expiration Date: _____ Signature: _____

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