



Benefiting



Event Date: February 5, 2011
Event Location: IMG Golf & Country Club

To reserve space or for information on sponsorship opportunities contact:

Jill Gass

Executive Director, We Care Manatee

Phone: 941-755-3952 ext. 6 Fax: 941-753-1399

Email: jill@wecaremanatee.org

or

Liz Gatlin

Executive Director, Manatee County Medical Society

Phone: 941-755-3411

Fax: 941-753-1399

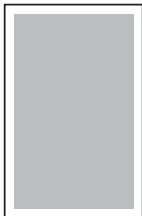
Email: info@manateemed.org

Shared Address: 4808 26th St. W. ~ Bradenton, FL 34207

Space Reservation Deadline: January 7, 2011

Ad Artwork Deadline: January 14, 2011

2011 Program Book - Rate Sheet/Production Specs



FULL PAGE ~ BLACK & WHITE AD

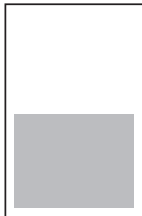
SIZE

4.75" W x 7.75" H

COST

Business/Corporate ~ \$700

Personal ~ \$500



HALF PAGE ~ BLACK & WHITE AD

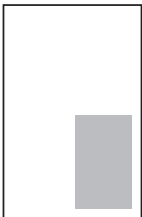
SIZE

4.75" W x 3.75" H

COST

Business/Corporate ~ \$500

Personal ~ \$300



QUARTER PAGE ~ BLACK & WHITE AD

SIZE

2.25" W x 3.75" H

COST

Business/Corporate ~ \$350

Personal ~ \$150

Production Requirements:

- Accepted file format: High Resolution PDF. Contact Grapevine Communications with file questions. All ads are Black & White. Convert all fonts to outlines where applicable. Images should be no less than 300 dpi. Scanned documents cannot be accepted as artwork. Advertising proofs will not be provided.

Please Note: We cannot accept any ad, photo or illustration that is in a Microsoft Word, Microsoft PowerPoint or Microsoft Publisher document. All fonts MUST be included, embedded or converted to outlines.

Ads must be submitted no later than January 14, 2011.

Submit All Artwork to:

Grapevine Communications Int'l Inc. - Advertising Agency

5201 Paylor Lane, Sarasota, FL 34240

E-mail: dwolski@grapeinc.com

Phone: 941-351-0024



GRAPEVINE COMMUNICATIONS

Advertising | Marketing | Public Relations

Space Reservation Form

Please send space reservation form and payment to:

We Care Manatee, Inc. ~ Attn: Jill Gass or Manatee County Medical Society ~ Attn: Liz Gatlin

4808 26th Street West ~ Bradenton, FL 34207

Name: _____ Company: _____

Address: _____

Phone: _____ Fax: _____ e-mail: _____

Please Select Ad Size: [] Full Page [] Half Page [] Quarter Page

Please Select Ad Cost: [] Business/Corporate \$ _____ [] Personal \$ _____

Method of Payment: [] Check #: _____

[] Visa [] Master Card Card #: _____ Exp. Date: _____

Signature: _____ Date: _____