



Magazine Advertising Invoice

Remit to:
 MPBA
 313B W. Commercial St.
 Lebanon, MO 65536

Date: _____

Year: 2022

Magazine Advertising must be received by the end of month in quarter. For full bleeds please add 1/4" on all sides					
	1 st Quarter March	2 nd Quarter June	3 rd Quarter Sept.	4 th Quarter Dec.	Auto Rerun
Full Page Dimensions: 10.5h x 8.25w \$300.00 per issue Or (Best Buy) All 4 issues for \$1,000.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Half Page Vertical Dimensions: 10.25h x 3.75w \$200.00 per issue Or (Best Buy) All 4 issues for \$700.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Half Page Horizontal Dimensions: 5.25h x 8.25w \$200.00 per issue Or (Best Buy) All 4 issues for \$700.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quarter Page Dimensions: 5h x 3.75w \$150.00 per issue Or (Best Buy) All 4 issues for \$500.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Card Dimensions: 2h x 3.5w \$50.00 per issue Or (Best Buy) All 4 issues for \$150.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL					

Customer Name: _____ Phone: _____

Kennel/Business Name: _____

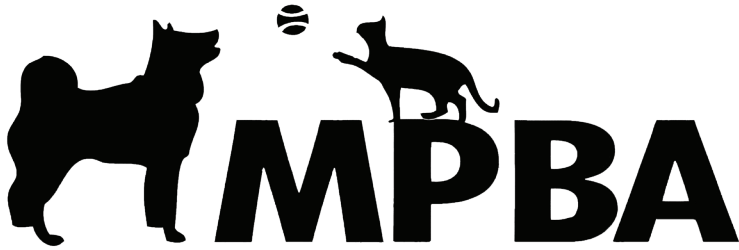
Address: _____ Email: _____

City, State: _____ Zip: _____

Credit Card #: _____ Exp. Date: ____ / ____ / ____

CVV Code: ____ / ____ / ____ Signed: _____

Send to 4agfriends@gmail.com or mpbamagazine@gmail.com



2022 ADVERTISING AGREEMENT

- #1 ELITE \$5,000
- #2 PLATINUM \$3,000
- #3 GOLD \$2,500
- #4 SILVER \$1,500
- #5 BRONZE \$1,000

Business Name: _____

Sales Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Billing Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Credit Card #: _____ Exp. Date: ____/____/____

CVV Code: _____

Signature: _____

Remit to: MPBA, 313B W. Commercial St., Lebanon, MO 65536
Contact Kevin at (417) 718-4182 or 4agfriends@gmail.com
mpbaonline.org