

Mall of America 2013 Brochure Display Program Contract

Name of Organi	zation:					
Name on the Bro	ochure:					
Contact Person:		Email Address:				
Address:		City		State	_	
Phone #:		Fax #:				
	Please make checks pa Please provide <u>se</u>	•				
• Atta	returning this contract please: nch two copies of the brochure, rochure is not available, estima	-	· -			
	Brochure Specifications	For Profit	Non-Profit			
	Up to and including 4" x 9" Over 4" x 9" to 8.5" x 11"	\$475\$575	○ \$425 ○ \$525			
	My brochure is over 4" x 9" to 8 ed: \$	3.5" x 11"				
Credit Card #	E	Expiration Date		_ Security Code	;	
fee is non-refund shipping instructi	ntract, it is understood that the apable. Specific shipping instructions on the criteria sheet and any ne responsibility of your organiza	ons will be prove charges for hol	vided. Shipping n ding or storage do	nust be handled ue to a failure to	according to the follow those	
Signed Title						
Date	Date Phone number					
Explore M Attn: Broo	this form, your payment, and innesota Tourism, thure Program/Bonnie Adkins to E, Suite 100,	two copies of y	your brochure to	:		