



# MAPA ADVERTISING 2026

## CONTACT INFORMATION

Contact Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_

## ADVERTISING SELECTIONS

### DIRECTORY (2026)

Due 10/31/25

2-page Spread (Color)	<input type="checkbox"/> \$3,500
Outside Back Cover (Color)	<input type="checkbox"/> \$2,200
Inside Front Cover (Color)	<input type="checkbox"/> \$2,050
Inside Back Cover (Color)	<input type="checkbox"/> \$1,950
Full Page (Color)	<input type="checkbox"/> \$1,745
Full Page (Black & White)	<input type="checkbox"/> \$1,295
Half Page (Color)	<input type="checkbox"/> \$1,265
Half Page (Black & White)	<input type="checkbox"/> \$815
Quarter Page (Color)	<input type="checkbox"/> \$890
Quarter Page (Black & White)	<input type="checkbox"/> \$440

### Sizing:

#### DIRECTORY:

**2 Page Spread:** (Leave 1" w in middle clean for spiral)  
**NO BLEED** 11.25" w x 7.625" h  
**BLEED** 12.5" w x 9" h  
**Full page:**  
**NO BLEED** 5.125" w x 7.625" h  
**BLEED** 6.5" w x 9" h  
**1/2 page:** 5.125" w x 3.625" h  
**1/4 page:** 2.35" w x 3.625" h

#### Specifications:

All art must be digital; 300 dpi; PDF, JPG, TIFF or EPS; CMYK color; Full-edge bleeds

## PAYMENT INFORMATION

Please Note: If paying via credit card, all information in this section MUST be completed.

**TOTAL AMOUNT ENCLOSED:** \$ \_\_\_\_\_

**METHOD OF PAYMENT:**  Check enclosed (payable to MAPA)  VISA  MasterCard  Discover  American Express

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Cardholder Name (print) \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Billing address is same as above  Billing address is:

Billing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**\*\*Due to PCI compliance, MAPA may only accept this form via fax or mail. Emails with this completed form attached will not be accepted\*\***

### COMPLETE FORM AND SUBMIT WITH PAYMENT TO MAPA:

1601 Utica Ave S Suite 213 | St. Louis Park, MN 55416  
 Phone: 651-735-3908 Fax: 651-290-2266  
 Contact Jake Nelson at jacobn@ewald.com with questions.

(For office use only)

initials	fin.
date	
OK/CC	
amt. paid	
bal. due	