

Date: _____



The Source Book of Multicultural Experts, 2008/09

Please select your Listing Type of choice and Display Ad (if applicable).

<u>Listings</u>	<u>Rate</u>	<u>Display Ads</u>	<u>Rate</u>
<input type="checkbox"/> Simple Company Listing (Contact information only)	\$295	<input type="checkbox"/> 1/4 Page B/W Ad	\$1,000
<input type="checkbox"/> Enhanced Company Listing (Add 30-word description)	\$650	<input type="checkbox"/> 1/2 Page B/W Ad	\$1,500
<input type="checkbox"/> Enhanced Company Listing with Logo (30-word description & logo)	\$975	<input type="checkbox"/> Full-Page B/W Ad	\$2,000
<input type="checkbox"/> Company Profile (125-word description & logo)	\$1,490	<input type="checkbox"/> Inside <i>FRONT</i> Cover Color Ad	\$3,500
<input type="checkbox"/> Extra Market and/or Industry Categories (See page 2)	\$25 Each x _____ # of cat. = \$ _____	<input type="checkbox"/> Inside <i>BACK</i> Cover Color Ad	\$3,500
<input type="checkbox"/> Purchase Extra Source Books (1 Copy Included With Listing)	\$59.95 + \$3.50 S&H + \$5.02 Tax (NY State residents only) x _____ # of copies = \$ _____	<input type="checkbox"/> Sponsorship of Section (Title Page, 550-word Bylined Article, Headshot, Full Page B/W Ad, Company Profile)	\$6,000

Date: _____



Sign Up Form – The Source Book of Multicultural Experts, 2008/09

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

Web site: _____

Contact First Name: _____ Contact Last Name: _____

Title: _____

Number of Employees: _____ Percent Minority Owned _____ %

Cross Reference Information – Complete ALL sections

I. Business Type – SELECT ONLY **ONE (1)** :

- | | | |
|---|---|--|
| <input type="checkbox"/> Advertising Agency | <input type="checkbox"/> Library/Museum | <input type="checkbox"/> Media-Website |
| <input type="checkbox"/> Conferences & Seminars | <input type="checkbox"/> List Manager/Broker | <input type="checkbox"/> Media Buying Company |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Market Research Firm | <input type="checkbox"/> Media Representative |
| <input type="checkbox"/> Direct Mail/Marketing | <input type="checkbox"/> Marketing/Communications | <input type="checkbox"/> Media Research |
| <input type="checkbox"/> Diversity Consultant | <input type="checkbox"/> Marketing/Promotions | <input type="checkbox"/> Professional /Not-for-Profit Organization |
| <input type="checkbox"/> Exec Srch/Employ. Agency | <input type="checkbox"/> Media-Broadcast | <input type="checkbox"/> Public Relations Firm |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> Media-Cable | <input type="checkbox"/> Telemarketing |
| <input type="checkbox"/> Large Corporation | <input type="checkbox"/> Media-Print | <input type="checkbox"/> Translation/Interpretation Services |
| | | <input type="checkbox"/> Training & HR Development |

II. Market Sections – SELECT UP TO **THREE (3)** categories in which your company has expertise. If you select more than three (3) categories, additional charges are \$25 each.

- | | | |
|--|---|---|
| <input type="checkbox"/> African American market | <input type="checkbox"/> Hispanic market | <input type="checkbox"/> People w/disabilities market |
| <input type="checkbox"/> Asian American market | <input type="checkbox"/> Latin American market | <input type="checkbox"/> Russian/Polish market |
| <input type="checkbox"/> European market | <input type="checkbox"/> Middle Eastern market | <input type="checkbox"/> 50+ / Senior market |
| <input type="checkbox"/> Filipino market | <input type="checkbox"/> Multicultural market | <input type="checkbox"/> South Asian American market |
| <input type="checkbox"/> Gay and Lesbian market | <input type="checkbox"/> Native American market | <input type="checkbox"/> Women in Business market |
| <input type="checkbox"/> General market | | <input type="checkbox"/> Youth/Teen market |

III. Industry Expertise – SELECT UP TO **THREE (3)** industries in which you operate or have expertise in (for example, Both an insurance company and an ad agency with an insurance company as a client would select insurance). Additional categories are \$25 each.

- | | | |
|--|---|---|
| <input type="checkbox"/> Apparel | <input type="checkbox"/> Entertainment/Music | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Fast Food | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Financial Services | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Beer & Spirits | <input type="checkbox"/> Insurance | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Beverages | <input type="checkbox"/> Multiethnic Talent/Casting | <input type="checkbox"/> Supplier Diversity |
| <input type="checkbox"/> Cause Related Marketing | <input type="checkbox"/> New Media | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Census | <input type="checkbox"/> Packaged Goods | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Cosmetics & Beauty | <input type="checkbox"/> Pharmaceutical/Health Care | <input type="checkbox"/> Translations |
| <input type="checkbox"/> Education | <input type="checkbox"/> Publishing | <input type="checkbox"/> Travel |

Date: _____



Insertion Order Form – The Source Book of Multicultural Experts

Fax Forms to 212-691-5969
(Or, mail with check to address below.)

I am authorized to make purchasing decisions for my company and I understand that this is a binding purchase order and agree to pay \$_____.

Signature: _____

Payment:** Check enclosed (*Federal Tax ID # 13-3873925*)

Please bill my credit card.

Send an invoice. After receiving invoice, we will pay our bill in ____ days.

Credit Card Information (please circle credit card type): Visa MasterCard Amex

Credit Card Number: _____ Last 3 digits on back of credit card: _____

Expiration date: _____ Signature: _____

Name of person placing this order:

Name: _____ Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Web site: _____