



Independent Insurance Agents and Brokers of Arizona's
90th Annual Convention
August 21-22, 2024
Renaissance Glendale – Glendale, Arizona

Convention Program Advertising

If your company would like to purchase advertisement space in the upcoming Convention Program, now is the time to make the arrangements. Please note that all Exhibitors will be listed in the Convention Program and that listing should not be mistaken for this paid advertisement.

Send in your full color advertisement and payment by July 15, 2024. Ads must be submitted in electronic format (jpg, eps, or pdf format at 300 dpi or better) and emailed to convention@iibaz.com cc iibazmail@gmail.com. We will provide a Drop Box folder upon request to submit an ad, if needed. If you do not receive a response from us within 1 business day of your submission, please email conventon@iibaz.com to verify that payment and ad was received. Payment may be submitted in advance to reserve space and advertisement submitted by the 7-15th deadline date.

If paying by check - checks should be made payable to IAB of Arizona and mailed with this completed form to: 333 East Flower Street, Phoenix, AZ 85012.

The program advertisements will be in full color - portrait. (No bleeds or tear sheets).

Placement is on a first-come, first-served basis upon receipt of payment.

Table with 4 columns: Sizes and prices are as follows:, Description, Dimensions, Price. Rows include Half Page Inside, Full Page Inside, Back Inside Cover, Back Outside Cover, and Front Inside Cover.

- Select Issue(s): [] Front Inside Cover \$500 [] Back Outside Cover \$500 [] Back Inside Cover \$450 [] Full Page Inside \$350 [] Half Page Inside \$250

Covers sell out fast. You will be contacted for another option if you submit for a Cover that is sold out.

Company Name _____

Contact Name _____ Email Address _____

Address _____ City/State/Zip _____ Phone _____

- [] Invoice Me [] Check Enclosed Payable to IIBAZ [] Credit Card (Visa, MasterCard, Discover and American Express)

Card Number _____ Exp. Date _____ V-Code _____ Name on Card _____

CC Billing Address _____ Signature _____

Email Address for Receipt _____

Return completed form to IIBAZ at 333 E. Flower Street, Phoenix, Arizona 85012 OR Email info@iibaz.com OR Fax (602) 468-1392

Please direct all inquiries to Terri Edwards at 602-956-1851, 800-627-3356, or terri@iibaz.com.