The official destination guide for the Menomonie Area
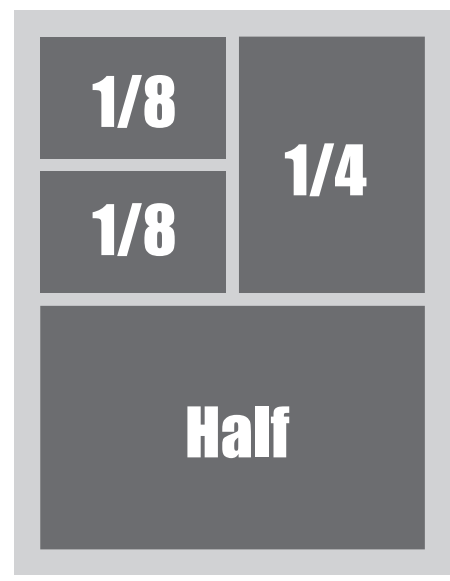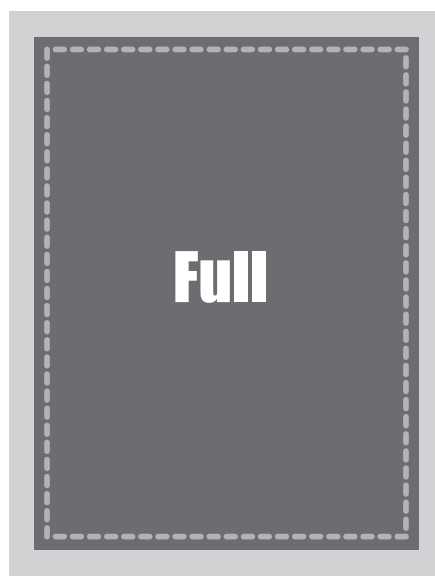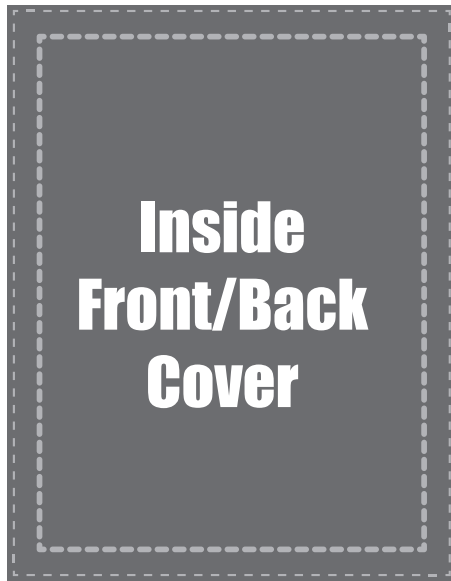
explore menomonie

Extensive Distribution & Business Exposure

✓ **Reach More Than 25,000 People**

✓ **Drive Traffic to Your Business**
Get noticed by thousands of new potential customers

✓ **Maximize Your Exposure**
Placed in area hotels, at the Menomonie Area Chamber & Visitor Center, and distributed to communities and welcome centers throughout Wisconsin

✓ **Given out FREE to:**
- Menomonie area visitors
- Individuals relocating to the area
- Residents
- Businesses
- Meeting attendees
- Tournament attendees
- Conference Attendees
- College welcome events
- Sporting tournaments, and more!

Contact: Tammy Simon
1125 N Broadway, Suite 3
Menomonie, WI 54751
or email to tourism@menomoniechamber.org

Inside Front/Back Cover

Full

1/8

1/8

1/4

Half

– – – **Bleed Line -** Images beyond this line will be trimmed

▬ ▬ ▬ **Live Area -** Your text must be within the specified live area margins

Ad Size	Width	Height	Cost	
☐ *Front/Back Inside Cover*			*Public*	*Investor*
Total Ad Size w/Bleeds	8.7"	11.25"	$1500	$1250
Live Area	7.5"	10"		
☐ *Full Page*				
Total Ad Size	7.5"	10"	$1,250	$1000
Live Area	7"	9.75"		
☐ *Half Page Horizontal*	7.5"	4.75"	$750	$500
☐ *1/4 Page Vertical*	3.625"	5"	$500	$400
☐ *1/8 Page*	3.625"	2.375"	$350	$250

Deadline:
Space reservation and ad materials due by Wednesday, August 3, 2022

Payment due by Monday, September 5, 2022

Accepted Formats:
Electronic file on CD or emailed. File must be 300 dpi at size, in CMYK.
Acceptable formats include packaged Adobe InDesign file, JPG, PNG, or PDF (press setting).

Email Electronic Files to:
tourism@menomoniechamber.org

Art Design Fee:
Ad design is available for an additional fee, starting at $95.

To reserve your ad space, send contract to:

Tammy Simon
1125 N Broadway, Suite 3
Menomonie, WI 54751
or email to tourism@menomoniechamber.org

Advertising Agreement

Business Name:_____

Contact Person: _____

Address:_____ City: _____

State:_____ Zip:_____ Phone:_____ Fax:_____

Website: _____

Email:_____

Authorized By:_____ Date:_____

(contract not valid without signature)

Payment Type

☐ Cash ☐ Check ☐ Credit Card (complete fields below)
☐ Visa ☐ Mastercard

Name on Card: _____

Card #: _____

Exp. Date:_____ Security Code: _____

Billing Address:_____

_____

Billing Phone: __ _____

Send Payment to:
Menomonie Area Chamber & Visitor Center
1125 N Broadway, Suite 3
Menomonie, WI 54751