

Memorial Medical Center

WHISTLE STOP



**MARATHON
HALF-MARATHON**

August 2019

Greetings!

Here is your chance to participate in the **22nd edition of the Memorial Medical Center WhistleStop Event Guide**. The Memorial Medical Center WhistleStop Marathon and Half-Marathon will be held October 11 and 12. 6,500 copies of the event guide are circulated. The event guide will be distributed to our runners who look forward each year to receiving the WhistleStop Event Guide. We also distribute it to both local and out-of-town customers. We do this by inserting the guide in the Ashland Daily Press and sending it to any visitor who requests information for that time of the year. This is a great way to promote your business as well as **Welcome, Thank and Congratulate the participants of the 22nd annual Memorial Medical Center WhistleStop**.

Enclosed is a 2019 Advertising Contract (**Rates have been the same since 2013**). If you would like to see a 2018 WhistleStop Event Guide, please call our office. If you would like to place an ad this year, we would like your ad copy by September 9, 2019.

Thank you for your support of this event.

We look forward to speaking with you soon!

Sincerely,
Mary McPhetridge
Executive Director, Ashland Area Chamber of Commerce

Ashland Area Chamber of Commerce
P O Box 746, Ashland, WI 54806
715-682-2500

Find yourself next to the water.

ASHLAND

visitashland.com WISCONSIN

Memorial Medical Center WhistleStop 2019 Event Guide Contract

- 6,500 tab size copies will be printed
- Distributed:
 - Insert Ashland Daily Press
 - Local Distribution Centers
 - All runners will receive advance copy

Ad Rates & Sizes

1/16 page	2 1/2" w x 4" h	\$64.00
1/8 page	5.175" w x 4" h	\$79.00
1/4 page	5.175" w x 8" h	\$149.00
1/2 page	10 1/2" w x 8" h	\$279.00 (Includes free spot color) vertical
1/2 page	5.175" w x 16" h	\$279.00 (Includes free spot color) horizontal
Full Page	10 1/2" w x 16" h	\$489.00 (Includes free spot color)

Any ad Full color ad \$50.00

Memorial Medical Center WhistleStop Event Guide Advertising Contract

Business Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email address _____

Ad Size Selected:

1/16 page 1/8 page 1/4 page 1/2 page Full Page

Logo Attached?

Ad Copy Attached?

Proof Required?

Total Amount Due: \$ _____

Paid: Check No. _____

Bill Me (Sign Below)

Authorized Signature: _____

Please return by September 9, 2019