

# ANGF VENDOR / ADVERTISEMENT ORDER FORM

Vendor Name:		Contact Name:		
Billing Address:		City:	State:	Zip Code:
Phone Number:	Email Address:	Web Page:		

MARK YOUR SELECTION BELOW  
 SEND A COPY OF THIS FORM ALONG WITH PAYMENT TO  
**ANGF TREASURER: REY CUESTA**  
**STAR PROGRAM 23 AE – CSU BAKERSFIELD**  
**90001 STOCKDALE AVENUE • BAKERSFIELD, CA 93311-1099**

<b>ANGF CONFERENCE BOOTH SPACE</b>			
<b>JUNE 28 - JULY 5, 2008</b>			
DESCRIPTION	AMOUNT	QTY	TOTAL \$ AMOUNT
SECONDARY HALL 10"x10"	ACCESS HOURS 7:30AM – 5:30PM	\$300	
<b>TOTAL</b>			

<b>ANGF WEB SITE SPACE</b>					
<b>SELECT 6-MONTH PERIOD OR ANNUAL RATE</b>					
DATES	SIZE	AMOUNT	DATES	SIZE	AMOUNT
JAN - JUN			JULY – DEC		
FEB - JUL			AUG – JAN		
MAR - AUG			SEP – FEB		
APR – SEP			OCT – MAR		
MAY – OCT			NOV – APR		
JUN - NOV			DEC - MAY		
12 MONTHS	START AND END MONTH:				
<b>TOTAL</b>					

**SIX MONTH SPACE**

SIZE A = 2" x 3" SPACE     \$45  
 SIZE B = 3" x 5" SPACE     \$65  
 SIZE C = 5.5" x 8.5" SPACE \$100

**12 MONTH SPACE**

SIZE AA = 2" x 3" SPACE     \$75  
 SIZE BB = 3" x 5" SPACE     \$95  
 SIZE CC = 5.5" x 8.5" SPACE \$150

**FOR OFFICIAL USE ONLY:**

PAYMENT RECEIVED:  
 CASHIERS CHECK     MEMBER STATUS:

