

# MALL OF AMERICA DISPLAY PROGRAM AGREEMENT

January 1 – December 31, 2024

This agreement is for the Mall of America Brochure Program only

## HOW TO PARTICIPATE IN THIS BROCHURE PROGRAM:

**1. Apply:** Send this completed form and an electronic version of your publication to:  
Gail Walkowiak at [gail.walkowiak@state.mn.us](mailto:gail.walkowiak@state.mn.us)

**2. Payment:** You will receive payment instructions upon verification your publication  
meets the distribution guidelines.

**NOTE:** Preferred payment method is via MasterCard or Visa.

**IMPORTANT:** Do not enter your credit card information on this form.  
We will reach out to you directly.

\*Please notify Gail if you require an alternate payment method.

**3. Shipping:** You will receive shipping instructions upon receipt of payment.

Organization Name: \_\_\_\_\_

Publication Title: \_\_\_\_\_

Contact Person (please print clearly): \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_



TELL US ABOUT YOUR PUBLICATION:

	Publication Specifications	For Profit	Non-Profit	
Choose one:	Up to and including 4" x 9"	<input type="checkbox"/> \$600	<input type="checkbox"/> \$525	Rack card
	Over 4" x 9" to 8.5" x 11"	<input type="checkbox"/> \$800	<input type="checkbox"/> \$650	Magazine size

Quantity per box: \_\_\_\_\_

If your publication is not currently available: What is the estimated arrival date? \_\_\_\_\_

**Terms of Agreement:** Program dates, January 1 through December 31, 2024. Brochure acceptance subject to approval. Payment is non-refundable. Specific shipping instructions will be provided by Explore Minnesota.

Signature: \_\_\_\_\_

Name (please print clearly): \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_