



Independent Insurance Agents and Brokers of Arizona's
92nd Annual Convention
September 3, 2026
 JW Marriott Desert Ridge – Phoenix, 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 24, 2026. Ad must be submitted in electronic format (jpg, eps, or pdf format at 300 dpi or better) and emailed to convention@iiaz.com cc iiazmail@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 convention@iiaz.com to verify that payment and ad was received. Payment may be submitted in advance to reserve space and advertisement submitted by the 7-24th deadline date.

If paying by check - checks should be made payable to IIAA 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.

Sizes and prices are as follows:	Half Page Inside:	5" wide x 4" tall	=	\$250.00
	Full Page Inside:	5" wide x 8" tall	=	\$350.00
	Back Inside Cover:	5" wide x 8" tall	=	\$450.00
	Back Outside Cover:	5" wide x 8" tall	=	\$550.00
	Front Inside Cover:	5" wide x 8" tall	=	\$500.00

Select Issue(s): Front Inside Cover \$500 Back Outside Cover \$550 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 IIAAZ 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 IIAAZ at 333 E. Flower Street, Phoenix, Arizona 85012 OR Email info@iiaz.com OR Fax (602) 468-1392

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