

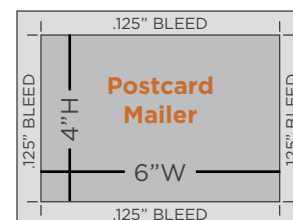
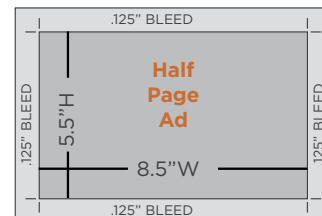
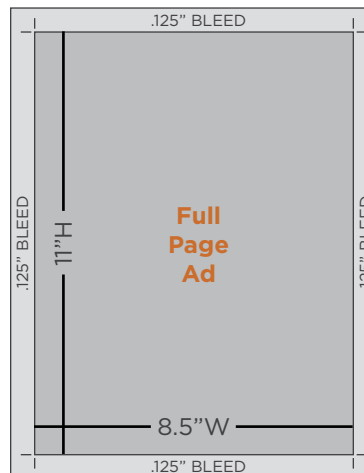
Company Name _____
 Mailing Address _____
 City, State, Zip _____
 Contact Name _____ Contact Phone _____
 Contact Email Address* _____

ADVERTISING OPTIONS

- | | |
|---|----------|
| <input type="radio"/> Registration Brochure Ad
8.5"W x 11"H + .125" Bleed*
Due: Thu, Sept 12, 2019 | \$ 500 |
| <input type="radio"/> Pre-Conference Postcard Mailer
6"W x 4"H + .125" Bleed*
Due: Thu, Sept 12, 2019 | \$1,000 |
| <input type="radio"/> Onsite Program Ad - Full Page
8.5"W x 11"H + .125" Bleed*
Due: Friday, December 6, 2019 | \$1,000 |
| <input type="radio"/> Onsite Program Ad - Half Page
8.5"W x 5.5"H + .125" Bleed*
Due: Friday, December 16, 2019 | \$ 500 |
| <input type="radio"/> Onsite Program Ad - Inside Front Cover
8.5"W x 11"H + .125" Bleed*
Due: Friday, December 6, 2019 | \$1,500 |
| <input type="radio"/> Onsite Program Ad - Back Cover
8.5"W x 5.5"H + .125" Bleed*
Due: Friday, December 6, 2019 | \$ 1,750 |

TOTAL \$ _____

ADVERTISING SPECS



Specs

- Files should be press-ready PDF, CMYK (**no Pantone colors included**), 300dpi images and fonts embedded
- Files should include .125" bleed on all four sides and submitted with crop marks at the trim line
- Logo files should be submitted as vector EPS files with any Pantone colors converted to CMYK—300dpi JPGs are also acceptable

PAYMENT INFORMATION

Payment Method:

- ☐ MasterCard ☐ Visa ☐ American Express
☐ Check Payable to Foundation for Podiatric Medicine

Payment Amount _____

Card Holder's Name _____

Card Number _____

Exp. Date _____ Security Code _____ Card Holder's Zip Code _____

Signature _____

Email applications to
dani@nyspma.org

Fax applications to
 646-365-7426

Mail applications to
 555 Eighth Avenue
 Suite 1902
 New York, NY 10018