

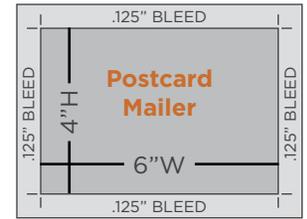
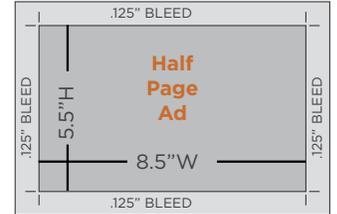
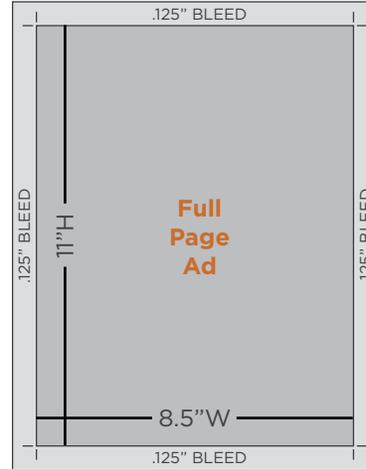
Company Name _____
 Mailing Address _____
 City, State, Zip _____
 Contact Name _____ Contact Phone _____
 Contact Email Address* _____

ADVERTISING OPTIONS

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

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

NY20 EXHIBIT HALL HOURS

- Friday, January 24, 2020 9:30am - 5:30pm
- Saturday, January 25, 2020 9:30am - 5:30pm
- Sunday, January 26, 2020 9:30am - 1:00pm

CONTACT

Dani SanMarco, CEM
dani@nyspma.org

NYSPMA

555 Eighth Avenue | Suite 1902
 New York, NY 10018
www.nyspma.org/ny20