

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: September 21, 2023

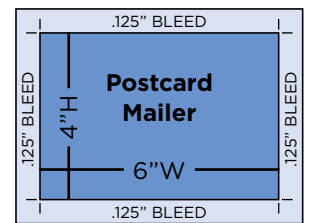
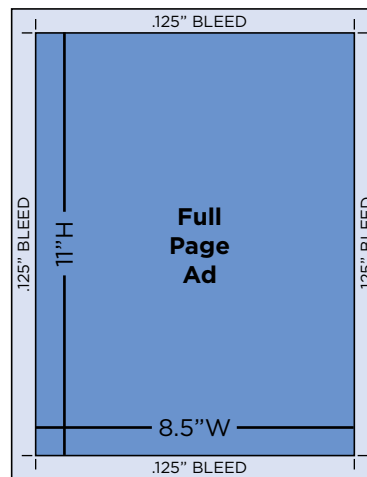
Pre-Conference Postcard Mailer \$ 1,000
 6"W x 4"H + .125" Bleed*
Due: December 14, 2023

Onsite Program Ad - Full Page \$ 750
 8.5"W x 11"H + .125" Bleed*
Due: December 14, 2023

Advertising Bundle - Save 25% \$ 2,000
 Full Page Registration and Onsite Brochure Ads,
 Postcard Mailer, and Pre-Conference List (\$2,650 value!)
Due: December 14, 2023

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

MasterCard Visa American Express

Check Payable to Foundation for Podiatric Medicine

Payment Amount _____

Card Holder's Name _____

Card Number _____

Card Address _____

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

Signature _____

Email applications to
kkoza@nyspma.org

Fax applications to
 646-365-7426

Mail applications to
 330 West 38th Street
 Suite 1105
 New York, NY 10018



NYSPPMA
 330 West 38th Street, Suite 1105
 New York, NY 10018
www.nyspma.org/ny24

NY25 EXHIBIT HALL HOURS
 • Friday, January 24, 2025 9:30am - 5:30pm
 • Saturday, January 25, 2025 9:30am - 5:30pm
 • Sunday, January 26, 2025 9:30am - 1:00pm

CONTACT Karen Koza
kkoza@nyspma.org