

Advertising Order Form

A I want to advertise in the on-site Program & Exhibit Guide*

- 1/4 page \$300
- 1/2 page \$500
- Full page \$800
- Inside Front Cover \$1,500
- Inside Back Cover \$1,500
- Back Cover (full color) \$2,500

Mechanical Requirements

- 1/4 page 2 7/8" x 4 1/2"
- 1/2 page (horizontal) 6" x 4 1/2"
- Full page 6 1/8" x 9 3/8"
- Full bleed (trim size) 6 5/8" x 10"

Color: The outside back cover ad can be full color. All other ads must be black and white.

Artwork: High-resolution PDF file (300 dpi)
Please email PDF to: exhibitors@sdms.org by **AUGUST 1, 2012.**

B I want to advertise in the Conference Daily newspaper*

- 1/4 page \$200 (per day)
- 1/2 page \$400 (per day)

(Check **all** days on which you would like your ad to run)

- Thursday Issue
- Friday Issue
- Saturday Issue

Mechanical Requirements

- 1/4 page 3 1/2" x 4 7/8"
- 1/2 page (horizontal) 7" x 4 7/8"
- Full page 7" x 10"

Color: Ads must be black and white only.

Artwork: High-resolution PDF file (300 dpi)
Please email PDF to: exhibitors@sdms.org by **AUGUST 1, 2012.**

C Tote Bag Insert or Promotional Item*

- I would like to supply a tote bag insert. **\$1,500**
I understand that I am responsible for supplying and shipping the inserts or promotional items to the Conference site. Detailed instructions will be provided. Promotion items such as hand sanitizer, stress balls, or ultrasound gel are encouraged.

*** Requirements:** All tote bag inserts and advertising are subject to SDMS approval. You are required to submit a PDF or a hard copy of your insert and/or advertising materials to: exhibitors@sdms.org by **AUGUST 1, 2012.**

D 2012 SDMS Annual Conference App Sponsor*

- I would like to sponsor the Annual Conference App (choose one day - Thursday through Sunday). **\$1,500**
 Thursday Friday Saturday Sunday
- I would like to be the exclusive sponsor of the Annual Conference App (all four days). **\$5,000**

Payment Information

Company Name _____
 First Name _____ Last Name _____
 Mailing Address _____
 City _____ State/Province _____ ZIP+4/Postal Code _____
 Daytime Phone _____ Email Address _____

Payment

- A** Program & Exhibit Guide Advertising \$ _____
- B** Annual Conference Daily Advertising \$ _____
- C** Tote Bag Insert \$ _____
- D** Annual Conference App Sponsorship \$ _____
- CBI Membership Dues \$ _____
- Total** \$ _____

Payment Method

- Check enclosed for \$ _____
(Payable to SDMS, drawn on US bank and payable in US funds)
 - American Express Discover MasterCard Visa
- Payment must be received by **August 1, 2012.**

Ads must be received by August 1, 2012.

Credit Card # _____ Expiration Date _____

Name on Card _____ Cardholder's Signature _____

Billing address for Credit Card Holder _____

City _____ State/Province/Country _____ ZIP+4/Postal Code _____

Agreement

A signature on this order form indicates understanding and agreement to comply with all policies, rules, regulations, conditions and the SDMS refund and cancellation policy in the SDMS Exhibitor Prospectus and any others issued by SDMS regarding its Annual Conference; acknowledgement of having read the rules and regulations and agreement that the 2011 SDMS Annual Conference rules and regulations are an integral and binding part of this contract. Submission of this application also indicates I understand that there are no refunds for support opportunities or SDMS-approved advertising opportunities.

Signature of Authorized Representative _____ Date _____ Name of Authorized Representative (Please print or type) _____

SDMS • 2745 Dallas Pkwy Ste 350, Plano, TX 75093-8730 • Phone: (800) 229-9506 • FAX: (214) 473-8563 • exhibitors@sdms.org

Office Use Only: Date Rec'd: _____ Ad Art Rec'd: _____ Ad Approved: _____ Pmt Rec'd: _____