

2010 MIDWEST PODIATRY CONFERENCE

March 11 - 14, 2010

HYATT REGENCY CHICAGO

Advertising Space Application Form

PRINT DEADLINES

- Registration Guide: Ads must be submitted by August 15, 2009
- Onsite Program: Ads must be submitted by January 28, 2010

Company Name _____

Address _____

City _____ State _____ Zip _____

Contact Name _____

Business Phone _____ Fax _____ Email Address _____

SAVE TIME!

REGISTER & PAY ONLINE

www.midwestpodconf.org

Four Color/Premium Position Rates

	Ad Type	Rates
<input type="checkbox"/>	Inside Front Cover	\$ 3,300
<input type="checkbox"/>	Inside Back Cover	\$ 3,200
<input type="checkbox"/>	Back Cover	\$ 3,400
<input type="checkbox"/>	Insert (4 Pages)	\$ 7,200

Black & White Rates

Ad Type	Size (Inches)		Registration Guide		Onsite Program		Both Books
Full Page	8.5x11	<input type="checkbox"/>	\$ 1,000.00	<input type="checkbox"/>	\$ 1,000.00	<input type="checkbox"/>	\$ 1,800.00
½ Page Vertical	4x10	<input type="checkbox"/>	\$ 700.00	<input type="checkbox"/>	\$ 700.00	<input type="checkbox"/>	\$ 1,300.00
½ Page Horizontal	8x5	<input type="checkbox"/>	\$ 700.00	<input type="checkbox"/>	\$ 700.00	<input type="checkbox"/>	\$ 1,300.00
¼ Page	4x5	<input type="checkbox"/>	\$ 450.00	<input type="checkbox"/>	\$ 450.00	<input type="checkbox"/>	\$ 800.00
Logo Gallery	1x1 ½	---	-----	<input type="checkbox"/>	\$50.00	--	-----

AD FORMATTING INSTRUCTIONS

- Electronic files are preferred. All fonts/graphics must be embedded
 - QuarkXPress (with all supporting art/fonts)
 - PDF (300dpi)
 - EPS and TIFF (both must have high-resolution elements)
- Ads will also be accepted on CD
- **All electronically or CD supplied ads must be accompanied by two proofs for press matching**
- Bleed: No Charge
- Keep all live matter 3/8" from trim on all sides
- Trim size is 8.5 x 11

PAYMENT INSTRUCTIONS

Credit Card _____ Name of Cardholder _____

Visa MC Amount _____ Card No. _____

Discover AmEx Exp. Date _____ Security Code _____

Signature _____

Check made payable to the *Midwest Podiatry Conference*.

Make a copy of this application for your records. Mail or Fax commitment form and full payment to:
THE MIDWEST PODIATRY CONFERENCE ♦ 122 S. MICHIGAN AVE., SUITE 1441 ♦ CHICAGO, IL 60603
If faxing, send both sides of this form with credit card info to (312) 427-5813. ♦ Questions? (312) 427-5810 ext. 11
