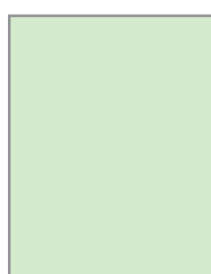


# PRINT ADVERTISING OPPORTUNITIES

AD SIZE	BACK COVER (Inside or Outside)	FULL PAGE	HALF PAGE (Vertical or Horizontal)	QUARTER PAGE	1/8 PAGE
<b>ON-SITE PROGRAM</b>	<b>\$1,850</b>	<b>\$1,200</b>	<b>\$850</b>	<b>\$550</b>	<b>\$400</b>

## AD SIZE



### FULL PAGE

(Including covers)

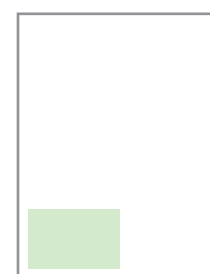
Trim size: 8.5 x 11  
Bleed: 8.75 x 11.25  
Non-bleed: 8 x 10.5



### HALF PAGE

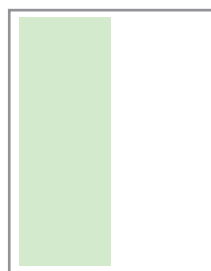
(Horizontal)

Bleed: 8.75 x 5.125  
No bleed: 8 x 5



### △ EIGHTH PAGE

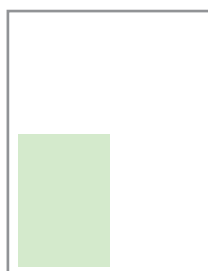
No bleed: 4 x 2.5



### HALF PAGE

(Vertical)

Bleed: 4.125 x 11.25  
No bleed: 4 x 10.25



### QUARTER PAGE

No bleed: 4 x 5

## DEADLINES

**Onsite Program:** Ads must be submitted by March 31, 2017

## AD MATERIAL SPECIFICATIONS

### PREFERRED FILE FORMATS:

PDFX1A with fonts and 300 dpi (CMYK) images embedded.

Adobe Illustrator CS/CS2/CS3/CS4/CS5/CS5.5/CS6 –

images must be linked, not embedded, and included.

All fonts must be converted to outlines.

### ACCEPTABLE FILE FORMATS INCLUDE:

Adobe InDesign CS/CS2/CS3/CS4/CS5/CS5.5/CS6 – include all mac screen and printer fonts and all resources used in the layout.

Adobe Photoshop CS/CS2/CS3/CS4/CS5/CS5.5/CS6 –

must be CMYK, 300 dpi resolution, layered photoshop document with all fonts included.

### UNACCEPTABLE FILE FORMATS

JPG, GIF, BMP, PNG and any other file extensions are not acceptable.

Ads can be provided via ftp, CD or e-mail submission to: [meetings@midwestpodconf.org](mailto:meetings@midwestpodconf.org)

There is no additional charge for bleeds. Bleeds are 0.125 per side.

Please, keep all live matter 3/8" from trim on all sides.

# ADVERTISING SPACE APPLICATION FORM

## CLIENT INFORMATION

COMPANY NAME

ADDRESS

CITY / STATE / ZIP

CONTACT NAME

BUSINESS PHONE

BUSINESS FAX

EMAIL ADDRESS

PLEASE MARK WITH AN  ON YOUR DESIRED SELECTIONS

AD SIZE	BACK COVER (Inside or Outside)	FULL PAGE	HALF PAGE (Vertical or Horizontal)	QUARTER PAGE	1/8 PAGE
ON-SITE PROGRAM	\$1,850	\$1,200	\$850	\$550	\$400

### PAYMENT INSTRUCTIONS \* MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS.

CREDIT CARD  VISA  MASTER CARD  DISCOVER  AMERICAN EXPRESS

NAME OF CARDHOLDER

AMOUNT

CARD NO

EXPIRATION DATE

SECURITY CODE

SIGNATURE

CHECK MADE PAYABLE TO THE "MIDWEST PODIATRY CONFERENCE"

**A 50% deposit is due at the time of commitment for your sponsorship. The full balance must be paid by March 31, 2017.**

Your sponsorship is not deductible as a charitable contribution. It may be deductible as a business expense. Check with your tax advisor.

### MAIL OR FAX COMMITMENT FORM AND FULL PAYMENT TO:

The Midwest Podiatry Conference || 745 McClintock Drive, Suite 340 || Burr Ridge, IL 60527  
If faxing, send both sides of this form with credit card information to (312) 427-5813

Questions? Contact us at (630) 537-9741.