

Advertising and Literature Circulation Application



Organization Details

Company Name: _____

Company Contact /Title _____

Address _____

Contact Phone _____

Contact Email _____

Exhibitor Registration _____

**Please include a 100-word organization description for AACPDM use in the Annual Meeting printed materials such as the Final Program.*

Payment

TOTAL \$ _____

Check enclosed
Checks must be made payable to: AACPDM

Credit Card: Visa MC

Card Number: _____

Exp. Date: _____

Name on Card: _____

Signature: _____

Printed Advertising AACPDM Final Program

A copy of this form complete with payment and all graphics/special instructions must be received by AACPDM on or before **July 10, 2009**.

- | | |
|---|------------|
| <input type="checkbox"/> Back Cover, 4-color | \$2,000.00 |
| <input type="checkbox"/> Inside front or back cover, full page, 4-color | \$1,500.00 |
| <input type="checkbox"/> Full page, 4-color | \$1,200.00 |
| <input type="checkbox"/> Half Page, 4-color | \$1,000.00 |
| <input type="checkbox"/> Full page, black & white | \$900.00 |
| <input type="checkbox"/> Half page, black & white | \$700.00 |

Literature Circulation

A copy of this form complete with payment and all materials and instructions must be received by AACPDM on or before **August 1, 2009**.

- | | |
|--|------------|
| <input type="checkbox"/> 1-page flyer | \$2,500.00 |
| <input type="checkbox"/> 1 multipage brochure | \$3,000.00 |
| <input type="checkbox"/> 2 multipage brochures or flyers | \$3,500.00 |
| <input type="checkbox"/> Giveaway item(pending AACPDM approval)
and brochure or flyer | \$5,000.00 |

Specifications:

You must supply quantity of 1000. All materials must be fully packaged and/or assembled.

The American Academy for Cerebral Palsy and Developmental Medicine reserves the right to reject any advertising submission, or to require revisions at its discretion.

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