

Biodefense World Summit 2015

Conference: June 22-26, 2015 | Exhibits: June 22-25, 2015

Hyatt Regency Bethesda | Bethesda, MD

**Place an Advertisement in the Program Guide & Event Directory
Handed out to All Attendees On Site!!**

Advertising Artwork Due: May 22, 2015

BPM 1540

Company Name: _____ Web site: _____

Contact Name: _____ Dr. Mr. Mrs. Ms

Title: _____ Division: _____

Address: _____

City/Prov/Zip: _____ Country: _____

Tel: _____ Fax: _____ Email: _____

Live Area Dimensions	(width x length)	Non-Exhibit/Sponsor Pricing	Exhibit/Sponsor Pricing
BLACK AND WHITE			
Full Page (trim size)	8.5" x 11"	<input type="checkbox"/> \$1,400	<input type="checkbox"/> \$700
<i>Live area</i>	8 x 10.5		
1/2 Page Horizontal	8.5" x 5.5"	<input type="checkbox"/> \$1,100	<input type="checkbox"/> \$550
<i>Live area</i>	8 x 5		
COLOR PREMIUM			
1/2 Page Horizontal	8.5" x 5.5"	<input type="checkbox"/> \$1,200	<input type="checkbox"/> \$650
<i>Live area</i>	8 x 5		
Full Page (trim size)	8.5" x 11"	<input type="checkbox"/> \$1,800	<input type="checkbox"/> \$900
Inside Front Cover (trim size)	8.5" x 11"	<input type="checkbox"/> \$4,800	<input type="checkbox"/> \$2,400
Inside Back Cover (trim size)	8.5" x 11"	<input type="checkbox"/> \$4,800	<input type="checkbox"/> \$2,400
Outside Back Cover (trim size)	8.5" x 11"	<input type="checkbox"/> \$5,600	<input type="checkbox"/> \$2,800
<i>Live area</i>	8 x 10.5		

Note: Bleeds only accepted on cover advertisements.

SPECIFICATIONS **Acceptable File Type: Adobe Acrobat "High Resolution" pdf.**

-BEFORE creating the pdf make sure that all images are 300 dpi and use the CMYK Color Mode.

-All swatches need to be converted to CMYK before being exported to PDF.

-Make sure the embed all fonts option is selected.

-If you would like ads to bleed you MUST make the ad extend at least ¼ inch

-If you have ads that are to "bleed" off the page you MUST ALSO indicate this with Crop Marks.

Payment Method & Terms

This contract is subject to the following terms and conditions:

- 1.) Full payment within 30 days of contract date.
- 2.) Once signed, it is agreed that this is a binding contract with a 100% cancellation fee.

PLEASE INVOICE

Enclosed is a check or money order payable to Cambridge Healthtech Institute drawn on an U.S. Bank in U.S. Currency.

Charge to credit card (check one): Visa MasterCard American Express

Card Holders Name: _____ Signature: _____

Card #: _____ Exp. Date: _____

- 3.) *Signature required:* I, (print name) _____, reviewed and agree to the payment terms stated above. I understand that this contract is legally binding between CHI and my company. I am authorized to approve the terms of this contract.

Authorized Signature: _____ Date: _____

Print Name: _____

**Please send questions or send electronic submissions to:
AD for Biodefense World Summit 2015 (company name)**

Attn: Elaine Eskedal
Cambridge Healthtech Institute | 250 First Ave. | Suite 300 | Needham, MA 02494
Tel: (781) 972-5430 | Fax: (781) 972-5470 | Email: eeskedal@healthtech.com