

# 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
<b>BLACK AND WHITE</b>			
<b>Full Page (trim size)</b>	8.5" x 11"	<input type="checkbox"/> \$1,400	<input type="checkbox"/> \$700
<i>Live area</i>	8 x 10.5		
<b>1/2 Page Horizontal</b>	8.5" x 5.5"	<input type="checkbox"/> \$1,100	<input type="checkbox"/> \$550
<i>Live area</i>	8 x 5		
<b>COLOR PREMIUM</b>			
<b>1/2 Page Horizontal</b>	8.5" x 5.5"	<input type="checkbox"/> \$1,200	<input type="checkbox"/> \$650
<i>Live area</i>	8 x 5		
<b>Full Page (trim size)</b>	8.5" x 11"	<input type="checkbox"/> \$1,800	<input type="checkbox"/> \$900
<b>Inside Front Cover (trim size)</b>	8.5" x 11"	<input type="checkbox"/> \$4,800	<input type="checkbox"/> \$2,400
<b>Inside Back Cover (trim size)</b>	8.5" x 11"	<input type="checkbox"/> \$4,800	<input type="checkbox"/> \$2,400
<b>Outside Back Cover (trim size)</b>	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  
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 Tel: (781) 972-5430 | Fax: (781) 972-5470 | Email: [eeskedal@healthtech.com](mailto:eeskedal@healthtech.com)