



**National Association of Pediatric Nurse Practitioners
31st Annual Conference: April 15-18, 2010**

Conference Program Book Advertising Sheet

CLOSING DATE for reserving Advertising Space is February 10, 2010

As an additional service to our exhibitors, we offer advertising space in the conference program book which is distributed onsite to all conference registrants. *NAPNAP MUST approve in advance any advertisement for the Conference Program Book. NAPNAP has the right to refuse any submitted advertisement and will refund the client's money charged to the client's credit card. This is the total limit of any compensation request.*

SIZE		SPECIFICATIONS	
Trim Size:	8 ½" x 11"	PDF file is the accepted format. All PDF files should be of high resolution (a min of 300 dpi) and print ready. All fonts and graphic must be imbedded	
Bleed Size:	8 ¾" x 11 ¼"	Print ready must be rec'd by March 1, 2010	
Live Area:	7 ½" x 10"	SPECIAL POSITION PREMIUMS	
PRICING (in four color)		Back Cover.....\$750(Additional)	
Full Page.....	\$2,000	Front Inside Cover.....\$750 (Additional)	
Bleed (8 ¾" x 11 ¼")		Middle Spread.....\$1,000 (Additional)	
Island (7 ½" x 10")			
Half-Page.....	\$1,200		
Bleed (8 ¾" x 5 ¾")			
Island (7 ½" x 4 ½")			
Quarter page (3 ½" x 4 ¾")	\$750		

___ Quarter-page ___ Half-page ___ Full page ___ Special Position: _____ (specify)

Exhibiting Company: _____

Contracting Company (if different): _____

Contact Person: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Please forward all materials with payment to the following address:

Submit to:
Bridget Horgan Bell, Conference Coordinator
NAPNAP
20 Brace Rd., Suite 200
Cherry Hill, NJ 08034
FAX: 856-857-1600 TEL: 856-857-9700
E-mail: bhorganbell@napnap.org

PAYMENT

Visa MasterCard AmEx

Acct #: _____

Exp. Date: _____

Name as it appears on credit card:

Authorized Signature:

Check (Payable to NAPNAP)
Tax identification # 23-7403934

Invoice (Payment due within 15 days upon receipt)

FOR OFFICE USE ONLY

Ancillary Symposium: Date rec'd: _____

Ad size & specs: _____

Total Amount Due: _____ Date payment rec'd: _____

Payment Type: ck # _____ cc authorization: _____

Deposit to Revenue Account Code: 4020-02-206-000