



**Program Book Advertising Application**

**CLOSING DATE for reserving Advertising Space is January 21, 2011**

As an additional service to our exhibitors, we offer advertising space in the conference program book which is distributed onsite to all conference registrants. Non-Exhibitors will be considered for an additional 25% fee. 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.

**SPECIFICATIONS**

PDF (high resolution, minimum of 300 dpi) is the accepted format. All fonts and graphic must be imbedded

**Print ready and payment must be received by February 11, 2011**

**PRICING (in four color)**

Full Page (8 1/2" x 11")..... \$2,000  
 Bleed (8 3/4" x 11 1/4")  
 Island (7 1/2" x 10")  
 Half-Page.....\$1,200  
 Bleed (8 3/4" x 5 3/4")  
 Island (7 1/2" x 4 1/2")  
 Quarter page (3 1/2" x 4 3/4").....\$750

**SPECIAL POSITION PREMIUMS**

Back Cover.....\$750 (Additional)  
 Front Inside Cover.....\$750 (Additional)  
 Middle Spread..... \$1,000 (Additional)

**NON-EXHIBITORS add additional 25%**



**BONUS!**  
**EXHIBITING COMPANIES ONLY:**  
 Ensure maximum exposure at a maximum **discount!**  
 Mailing list, 1/4-page ad, a registration bag insert, and a weblink all for **\$2,400**

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:**

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

**PAYMENT- Submit with Application**

Yes, I would like the Exhibitor Bonus package: \$2,400

**TOTAL PAYMENT:** \_\_\_\_\_

Visa  MasterCard  AmEx  
 Acct #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_  
 Name as it appears on credit card: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Check (Payable to NAPNAP) Tax ID# 23-7403934  
 Invoice (Payment due within 15 days upon receipt)

**FOR OFFICE USE ONLY**

Ancillary Symposium:  Date rec'd: \_\_\_\_\_ Total Amount Due: \_\_\_\_\_ Date payment rec'd: \_\_\_\_\_

Ad size & specs: \_\_\_\_\_

Payment Type:  ck # \_\_\_\_\_  cc authorization: \_\_\_\_\_ Deposit to Revenue Acct Code: 4020-02-206-000

Sample Material rec'd: \_\_\_\_\_ NAPNAP Permission Granted:  by: \_\_\_\_\_