

ADAPT Congress 2012

September 19-21, 2012
Renaissance Washington, DC
Downtown Hotel ~ Washington, DC

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

Deadline for AD Artwork: August 2012

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

ADP 1274

Company Name: _____ Web site: _____

 Contact Name: _____ Dr. Mr. Mrs. Ms
 Title: _____ Division: _____
 Address: _____
 City/Prov/Zip: _____ Country: _____
 Tel: _____ Fax: _____ Email: _____

EXHIBITOR AND SPONSOR RATES BELOW (Already Discounted) –NON Exhibit/Sponsor rates are on the AD SPECS form:

- BLACK AND WHITE**
 Full Page (8.5" x 11" - trim size) \$700 1/2 Page Horizontal (8.5" x 5.5") \$550
 Live Area 8 x10.5
- COLOR PREMIUM**
 1/2 Page Horizontal (8.5" x 5.5") \$650
- COLOR PREMIUM (8.5 x 11"- trim size)**
 Full Page Live Area 8 x10.5 \$900
- Inside Back Cover Live Area 8 x10.5 \$2,400
 Inside Front Cover Live Area 8 x10.5 \$2,400
 Outside Back Cover Live Area 8 x10.5 \$2,800

Advertisement Total: \$ _____

Payment Method

- 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: _____

Payment 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.

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: _____