

2016 Surgical Spring Week

SAGES Final Program Ad Form Please Circulate this Form to Your Marketing Manager

Circulation:

The Final Program will be distributed to approximately 2,400+ surgeons and guests at the meeting, and a mailing list of colleagues around the world. In addition, it will be distributed as part of SAGES outreach exhibits during the 8 months following the meeting. Total print run: approximately 5,000. The book will contain all final program information as well as the abstracts for the meeting.

Schedule:

Distribution immediately before, during and after the meeting.

Deadline:

Ad Order must be placed by January 8, 2016. Camera ready PDF must be received by January 22, 2016 with complete payment.

ADS ARE NON-COMMISSIONABLE.

ALL ADS ARE FOUR-COLOR.

Mechanical Requirements:

Full Page Trim Size: 8 1/2" x 11" (non-bleed)
 Image Area 8" x 10 1/2"
 Half Page Trim Size 8 1/2" x 5 1/2" (non-bleed)
 Option: If bleed, please bleed image
 1/8" past ad trim size
 Image Area 8" x 5"

Please indicate if your ad requires specific orientation:

Right page Left page

FILE FORMATS ACCEPTED: PDF files are preferred. All files should have a resolution of 300 dpi. Files set up incorrectly are not the responsibility of Show Management. For more information, contact Gabrielle Balara at (310) 437-0544 ext. 113. Email artwork to gabrielle@sages.org.

COMPANY NAME _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP _____

TELEPHONE () _____

FAX () _____

ADVERTISING CONTACT PERSON _____

E-MAIL ADDRESS _____

ADVERTISING AGENCY INFO (IF APPLICABLE) _____

Advertising Rates/Order Form 2016 Surgical Spring Week Final Program:

Type of Advertisement	Fee	Amount
Full Page – Inside Front Cover	\$1,600	\$ _____
Full Page – Inside Rear Cover	\$1,500	\$ _____
Full Page – Interior	\$1,300	\$ _____
Half Page – Interior	\$ 700	\$ _____
TOTAL COST OF AD		\$ _____
50% Deposit Required (January 8, 2016)		\$ _____
BALANCE DUE (January 22, 2016)		\$ _____

Please make check payable to SAGES or

Please charge \$ _____ to the credit card below:

Visa

MC

AMEX

Expiration: _____

CARD NUMBER: _____

NAME ON CARD: _____

SIGNATURE: _____

Return completed form to:

**SAGES, Final Program Ad, Attn: Gabrielle Balara
11300 W. Olympic Blvd., Suite 600, Los Angeles, CA 90064 or fax to (310) 437-0585**

