

ADAPT Congress
November 4 – 6, 2013

Boston Marriott Cambridge ~ Cambridge, MA

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

Advertising Artwork Due: October 1, 2013

ADP 1374

Company Name: _____ Web site: _____
Contact Name: _____ Dr. Mr. Mrs. Ms
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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
Live Area 8 x10.5

1/2 Page Horizontal (8.5" x 5.5") \$550

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: \$ _____

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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: _____

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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.

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