

# Gain additional exposure at the Annual Meeting and beyond . . .

#### **ADVERTISING**

# **Convention Program Book**

Pr	rime Ad Placements	$width \times height$							
	Inside front cover	\$2,500	4 3/8" x 7 1/4"						
	Inside back cover	\$2,500	4 3/8" x 7 1/4"						
Regular Ad Placements (front pages of book)									
	Full page	\$1,500	4 3/8" x 7 1/4"						
	1/2 page	\$800	4 3/8" x 3 1/2"						
	2-page spread	\$2,300							

ABCT's **Program Book** is the official guide to the Annual Convention activities from Thursday, November 15 – Sunday, November 18. The program is shared among colleagues and is the resource most frequently referred to throughout the Convention and as an archival resource.

- Trim size: 5 1/2" x 8 1/2", perfect bound
- Black-and-white (except for inside front and back covers)
- Final ad must be submitted as a high-resolution PDF or TIFF. All images must be 300 dpi or above.

ADVERTISING TOTAL \_\_\_\_\_

Reserve your space: June 29 | Materials due: July 23

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Show your commitment to ABCT			Ex	chibit Hall Re		
	Tote bags	\$15,000		Friday	\$7,000	
	Lanyards	\$7,500		Saturday	\$7,000	
	Pens	\$5,500		Sunday	\$7,000	
	Mobile app	\$10,000 (2 available at \$5,000 each)				SPONSORSHIP TOTAL
	Charging station	\$5,000				

## **CONVENTION ATTENDEES MAILING LIST**

Please check which format you would prefer. List will include attendee name and address only. Let the ABCT attendees know in advance that you are attending the ABCT 52nd Annual Convention and where they can find you.

RENT A BOOTH OR USE A PACKET INSERT AND YOU QUALIFY FOR A 25% discount on a CONVENTION ATTENDEES MAILING LIST.

List will include attendee name and address only. You will receive the mailing list approximately 4 to 6 weeks before the Convention. To qualify for this discount, mailing lists must be prepaid.

LIS	AIV T		
] e	Mail	regular \$260	25% off — \$195
] D	)isk	regular \$285	25% off — \$215
] Lo	abels	regular \$300	25% off — \$225

### **ABCT Use Only**

Date received

Amount received

Check#

Booth #

Visa   MasterCard   American Express   Check		
Account Number	CVV	Expiration Date
Cardholder Name (please print)		
Signature		
"I authorize you to charge the payment"		