



Company Name _____
Mailing Address _____
City, State, Zip _____
Contact Name _____ Contact Phone _____
Contact Email Address* _____

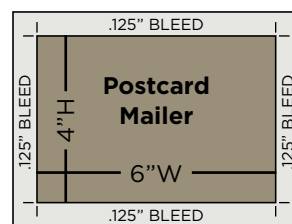
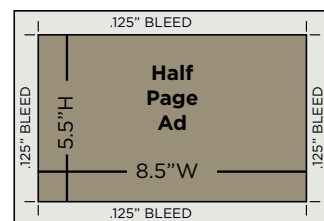
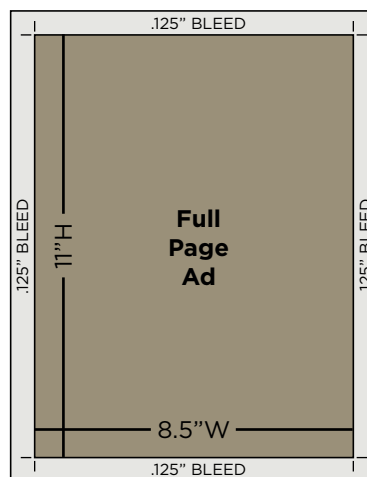
ADVERTISING OPTIONS

- | | |
|---|----------|
| Registration Brochure Ad
8.5"W x 11"H + .125" Bleed*
Due: September 29, 2022 | \$ 500 |
| Pre-Conference Postcard Mailer
6"W x 4"H + .125" Bleed* Due:
December 16, 2022 | \$ 1,000 |
| Digital Onsite Program Ad - Full Page
8.5"W x 11"H + .125" Bleed * Due:
December 16, 2022 | \$ 750 |
| Digital Onsite Program Ad - Half Page
8.5"W x 5.5"H + .125" Bleed*
Due: December 16, 2022 | \$ 500 |

Advertising Bundle \$ 2,000
Full Page Registration and Digital Onsite Brochure
Ads, Postcard Mailer, and Pre-Conference List
Due: December 16, 2022

TOTAL \$ _____

ADVERTISING SPECS



Specs

- Files should be press-ready PDF, CMYK (**no Pantone colors included**), 300dpi images and fonts embedded
- Files should include .125" bleed on all four sides and submitted with crop marks at the trim line
- Logo files should be submitted as vector EPS files with any Pantone colors converted to CMYK—300dpi JPGs are also acceptable

PAYMENT INFORMATION

MasterCard Visa American Express

Check Payable to Foundation for Podiatric Medicine

Payment Amount _____

Card Holder's Name _____

Card Number _____

Exp. Date _____ Security Code _____ Card Holder's Zip Code _____

Signature _____

Email applications to
dani@nyspma.org

Fax applications to
646-365-7426

Mail applications to
330 West 38th Street
Suite 1105
New York, NY 10018



NYSPMA
330 West 38th Street, Suite 1105
New York, NY 10018
www.nyspma.org/ny23

NY23 EXHIBIT HALL HOURS

- | | |
|------------------------------|-----------------|
| • Friday, January 20, 2023 | 9:30am - 5:30pm |
| • Saturday, January 21, 2023 | 9:30am - 5:30pm |
| • Sunday, January 22, 2023 | 9:30am - 1:00pm |



CONTACT Dani SanMarco, CEM dani@nyspma.org