

Cambridge Healthtech Institute/Attn:  
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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: December 5, 2013**

**PTK 1424**

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: \_\_\_\_\_