

## ADVERTISING INSERTION ORDER FORM

Company		
Contact	Title	
Address		
City/State/ Zip/Country		
Telephone	Fax	Email

### ISPAN 2018 – The Meeting Program Guide

Deadline for submission: **August 1, 2018**

Please note that all ads in the program guide are in full color.

Inside front (full page)..... \$2,000

Inside back (full page)..... \$1,750

### Quarterly Newsletter

- Full page (Lead Banner)      \$1,200
- ½ Page (Tower ad)              \$ 780
- 1/3 Page (Bottom Banner)      \$ 600
- ¼ Page (Half Banner Bottom)    \$ 540

PLEASE RETURN FORM TO:  
 ISPAN  
 500 Cummings Center, Suite 4400  
 Beverly, MA 01915  
  
[industry@ISPAN.org](mailto:industry@ISPAN.org)

### Contract Terms and Agreement

We hereby make application for the annual ISPAN sponsor package and/or advertisement opportunity selected within this contract. We understand that payment in full is required to guarantee the selected package and/or advertisement, and a confirmation receipt will be sent upon receipt of this contract and payment. All payments must be in U.S. currency.

We understand that all sponsor packages and advertisement sales are final. No refunds will be granted for any reason. Violations of any of the regulations by a participating organization or its representatives will result in the forfeiture of ISPAN sponsorship and loss of any and all monies paid. We agree to abide by the established rules and regulations, which are included in this Sponsor Agreement and made a part of this contract.

In conclusion, we understand that the signature below acknowledges agreement to these terms on behalf of the sponsoring company. The terms of this agreement shall be in full force and effect upon signature of this contract.

### PAYMENT METHOD::

- WIRE TRANSFER – Please call our offices at +978.927.8330 for wiring information
- Check amount enclosed: \$ \_\_\_\_\_

CREDIT CARD      

Amount to be charged: \$ \_\_\_\_\_

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date      Security Code (3-4 numbers on front or back of card)

\_\_\_\_\_  
Name as it appears on credit card      Cardholder's Signature

Please check if credit card billing address is same as contact information at the top of the form.

Billing address if different than above: \_\_\_\_\_

**DO NOT EMAIL full credit card information.** Form must be faxed if credit card number is showing via our secure fax **978.524.0461**. If you prefer to email please leave out the credit card number and provide a phone number and we will call you for the credit card number.

**Complete and return to:** Yvonne Grunebaum, Director of Industry Relations | ISPAN  
500 Cummings Center, Suite 4400  
Beverly, MA 01915 USA | Phone: 978-927-8330 | Fax: 978-524-0461