

# 2017 Surgical Spring Week – SAGES Advance Program Ad Form

Please circulate this form to your marketing manager — Send your message to 30,000 surgeons.

## Circulation:

**NEW THIS YEAR: THE ADVANCE PROGRAM WILL NOT BE PRINTED/MAILED.** The Advance Program will be distributed ELECTRONICALLY to 30,000 surgeons in the U.S. and abroad, including approximately: 6,000+ SAGES members and applicants, ACS, ASMBS, EAES, and surgical leaders in Europe, Japan, Canada and South America. The Advance Program will also be available on the SAGES website at [www.sages2017.org](http://www.sages2017.org).

## Schedule:

The Advance Program will be mailed in November 2016.

## Deadline:

Ad Order must be placed by **September 23, 2016**. Camera-ready PDF must be received by **September 30, 2016** with complete payment.

Note: Ad deadline precedes exhibit registration deadline.

## ADS ARE NON-COMMISSIONABLE

## ALL ADS ARE FOUR-COLOR

### Mechanical Requirements:

Full Page Trim Size: 8 1/2" x 11"

Half Page Trim Size: 8 1/2" x 5 1/2"

Option: If bleed, please bleed image 1/8" past ad size

### Please indicate if your ad requires specific orientation:

Right page  Left page

### FILE FORMATS ACCEPTED:

PDF files are preferred. All files should have a resolution of 300 dpi. Files set up incorrectly are not the responsibility of Show Management. Email artwork to [exhibits@sages.org](mailto:exhibits@sages.org).

COMPANY NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

TELEPHONE (        ) \_\_\_\_\_

FAX (        ) \_\_\_\_\_

ADVERTISING CONTACT PERSON \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

ADVERTISING AGENCY INFO (IF APPLICABLE) \_\_\_\_\_

## Advertising Rates/Order Form

### 2017 Surgical Spring Week Advance Program:

Type of Advertisement	Fee	Amount
Full Page – Inside Front Cover	\$4,150	\$ _____
Full Page – Inside Rear Cover	\$3,900	\$ _____
Full Page (Interior)	\$3,650	\$ _____
Half Page (Interior)	\$1,950	\$ _____

TOTAL COST OF AD \$ \_\_\_\_\_

50% Deposit Required (DUE September 16, 2016) \$ \_\_\_\_\_

BALANCE DUE (September 30, 2016) \$ \_\_\_\_\_

### Please make check payable to SAGES or

Please charge \$ \_\_\_\_\_ to the credit card below:

Visa

MC

AMEX

Expiration: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

### Return completed form to:

SAGES Advance Program Ad, Attn: Show Management

11300 W. Olympic Blvd., Suite 600, Los Angeles, CA 90064. Fax: (310) 437-0585 or Email: [exhibits@sages.org](mailto:exhibits@sages.org)