

SHOW PROGRAM ADVERTISING

Increase your company's visibility and drive attendees to your booth with an advertisement in the Official NPE Show Guide! The show guide is distributed to all attendees and exhibitors on-site and is often used as a reference guide post-show.

Description	Dimensions	Rates
<input type="checkbox"/> Center Spread	Bleed 16 x 11; Trim 15 3/4 x 10 3/4; Live 14 x 10	\$1500
<input type="checkbox"/> Back Cover	Bleed 8 x 11; Trim 7 7/8 x 10 3/4; Live 7 x 10	\$1500
<input type="checkbox"/> Inside Front or Back Cover	Bleed 8 x 11; Trim 7 7/8 x 10 3/4; Live 7 x 10	\$1100
<input type="checkbox"/> Full Page	Bleed 8 x 11; Trim 7 7/8 x 10 3/4; Live 7 x 10	\$950
<input type="checkbox"/> 2/3 Page	4 9/16 x 10	\$650
<input type="checkbox"/> 1/2 Page	Standard 4 9/16 x 7 3/8; Horizontal 7 x 4 7/8; Vertical 3 3/8 x 10	\$600
<input type="checkbox"/> 1/3 Page	Standard 4 9/16 x 4 7/8; Vertical 2 3/16 x 10	\$450
<input type="checkbox"/> 1/4 Page	3 3/8 x 4 7/8	\$400

- Flat rate includes color
- No agency discounts
- "See us at NPE Booth # ____" will be added to bottom of each ad

Mechanical Requirements for Artwork Transfer:

PDF, TIFF, EPS: 300 dpi high-resolution; Fonts embedded; Images embedded; No bleeds (except for outside covers)

In-Design CS: Include screen and printer fonts; Include images; No bleeds (except for outside covers)

Send Your Files To:

FTP Site:

Go to: <http://webftp.cygnuspub.com>

Enter the Name: Pat Burse

Click Continue. Instructions are provided to successfully transfer your files.

Reserve Your Space TODAY!

Contact Amy Schwandt, Publisher 800-547-7377 x 1667, Fax: 952-894-8252

Or contact your Sale Representative at 800-547-7377

Ad Reservation & Materials Deadline: December 28, 2009

Applicant Information	Payment Method
Company: _____	(Please select ad size above)
Contact Name: _____	TOTAL: \$ _____
Phone: _____	Payment Method: <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX
Email: _____	<input type="checkbox"/> Check (payable to Cygnus Expositions)
Authorized Signature: _____	Credit Card #: _____
Date: _____	Exp. Date: _____
	Name on Card: _____
	Billing Address: _____

For Internal Office Use Only	
Check #: _____ Amount: _____	Signature: _____
Invoice #: _____ Payment Date: _____	Fax Credit Card Payments To: 952.894.8252
Accepted By: Cygnus Expositions Date Accepted: _____	Mail Checks To: Cygnus Expositions – MN
Acceptance Signature: _____	Box 684080, Milwaukee, WI 53268-4080