



Official Show Guide Advertising

Reservation Deadline: August 6, 2010

Ad Materials Due: August 13, 2010

Advertise in the official show guide and increase your company's visibility and drive attendees to your booth. The show guide is given to over 6,000 EMS, fire and rescue professionals upon their arrival at the show.

Description	Dimensions	Rates
<input type="checkbox"/> Inside Cover or Back Cover	5.5"W x 8.625"H (Trim: 5.375"W x 8.375"H)	\$1,450
<input type="checkbox"/> Inside Back Cover	5.5"W x 8.625"H (Trim: 5.375"W x 8.375"H)	\$1,350
<input type="checkbox"/> Full Page	5.5"W x 8.625"H (Trim: 5.375"W x 8.375"H)	\$900
<input type="checkbox"/> Tabbed Page	5.5"W x 8.625"H (Trim: 5.375"W x 8.375"H)	\$1,080
<input type="checkbox"/> Company logo in Show Guide Exhibitor Listing		\$250

How to send files:

FTP Site: Go to

<http://webftp.cygnuspub.com>

Enter the name: Carrie Dunn;
then click continue.

Instructions are provided to
successfully transfer the files.

Ad Specs:

Software Programs:

- High-res PDF files with embedded fonts.
- Mac Quark 7 or below, collected for output, and with fonts included (Postscript preferred).
- Illustrator CS3 or below, with images and fonts included, saved as .ai or .eps.

Bleeds

For bleed ads (ads where the material "bleeds" off the page), please include 1/8" of bleed beyond the edges of the page as indicated above in the Bleed dimensions.

Live Area

This refers to the space that your ad occupies. Please keep text and art within 1/4" of the Trim dimensions as indicated above.

Mechanical Requirements:

Ad materials must be submitted as CMYK with trim marks indicated, and must follow size requirements, or an additional charge will be incurred. We accept no responsibility for the appearance of materials submitted outside these specs, or for required adjustments to make the files usable. You will be notified if we foresee problems with your materials.

To reserve your sponsorship or advertising contact your account manager or complete this form and fax to 952-894-8252.

Applicant Information	Payment Method
(Please Print or Type All Information)	
Company _____	<input type="checkbox"/> VISA
Contact _____ Date _____	<input type="checkbox"/> MC
Phone _____ Ext. _____	<input type="checkbox"/> Check (Payable to: Cygnus Expositions)
Authorized Signature _____	<input type="checkbox"/> Invoice
Credit Card # _____ Exp Date: _____	
Name On Card _____	
Billing Address _____	
Signature _____	
Fax Credit Card Payments to: 952.894.8252	
Mail Checks to: Cygnus Expositions - MN • Box 684080, Milwaukee, WI 53268-4080	
For Internal Office Use Only	
Check # _____ Amount _____	
Invoice # _____ Payment Date _____	
Accepted by: Cygnus Expositions _____ Date Accepted _____	
Acceptance Signature _____	