

FHCA 2020 Annual Conference Brochure or Program Advertising

Ad space is available for our Conference Brochure and Program. The Brochure is mailed to all nursing centers, assisted living facilities and corporate offices in Florida. ***Circulation in this popular publication exceeds 4,000.*** This slick, magazine-style publication is sure to catch people's attention and generate buzz for the 2020 Trade Show.

Attendees refer to the Program all during Conference when checking for details on seminars and other events. These full-color ads are a great way to gain additional recognition for your company and drive traffic to your booth.

Camera-ready or finished ad artwork must be received by Monday, March 2, 2020 for the Brochure and Friday, May 22, 2020 for the Program. A signed ad form must accompany the camera-ready or finished ad. Payment is required at the time of submission.

The format for submitted artwork is:

- CMYK for color
- All text converted to outlines
- All images embedded
- **DO NOT** include crop marks in print ready files
- Accepted file formats: high resolution .pdf, .eps, .ai, .psd
- Resolution should be 300 dpi

**If your image goes to the edge of the page, a bleed is required!*



Ad Order Form

Company Name _____

Contact Name _____ Title _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

SELECT YOUR AD SPECS AND PUBLICATION

CONFERENCE BROCHURE

- Full Page with bleeds – \$1,000
 - 6" wide x 9" tall with a 1/8" bleed on all sides
- Half Page Horizontal – \$750
 - 5.5" wide x 4.125" tall (no bleed)

****Please note, the Conference Brochure is a different size than the Conference Onsite Program. Please pay attention to the new dimensions!***

CONFERENCE ONSITE PROGRAM

- Full Page with bleeds – \$1,000
 - 8.75" wide x 11.25" tall
- Full Page without bleeds - \$1,000
 - 7.5" wide x 10" tall
- Half Page Horizontal – \$750
 - 7.5" wide x 4.875" tall (no bleed)
- Quarter Page – \$500
 - 3.625" wide x 4.875" tall (no bleed)

PAYMENT INFORMATION

Check/Money Order Enclosed (payable to FHCA)

Charge My: American Express MasterCard VISA Discover

Cardholder Name _____ Security Code _____

Credit Card No. _____ Exp. Date _____

Email for receipt _____

Total _____ Signature _____

(authorizes ad and charge amount)