

# Celebration of Excellence Awards Gala

Saturday, March 2, 2019

## Program Advertising

Honor and Congratulate an ACMS Award Winner!  
 Donate to the Inspiring Work of the  
 ACMS Foundation!  
 Promote Your Company to an Influential Audience!

**Reserve space in the official Gala program today!  
 Space is Limited!**

Contact: **Meagan Sable at (412) 321-5030 ext. 105**  
 or **msable@acms.org** with any questions  
 or to reserve your space  
 or

Fill out the form below and send directly to:  
 ACMS Foundation Gala Program  
 713 Ridge Avenue Pittsburgh, PA 15212

### Deadlines

**Space Reservation by January 21, 2019\***  
**Artwork accepted until February 1, 2019**

*\*Ad locations will be established by ACMS staff.  
 Preference will be given to earlier reservation/payment.*

### Ad Size/Cost

Inside Front Cover	\$600
Inside Back Cover	\$600
Back Cover	\$600
Full Page	\$500
Half Page	\$300
Quarter Page	\$175

### Artwork Format

<b>Quarter Page</b>	2.5" wide x 4" high
<b>Half Page</b>	5" wide x 4" high
<b>Full Page</b>	5" wide x 8" high

**Covers:** Reserved on a first-come basis. Bleed is available for cover positions; be sure artwork is 5.625" wide x 8.625" high. Final trim size is 5.5" wide x 8.5" high.

All files need to be either Grayscale or Black and White ONLY.

### Acceptable format is:

High resolution (300 dpi/150 lpi) PDF (broken out into Black or screens of Black, NO RGB, CMYK, or PMS colors, no crop marks). No bleeds; files to exact size. Outlined/Rasterized Fonts. All graphics embedded. Please provide all contact info in case of problems with file(s).

**Unacceptable formats are:** Tiff; EPS; PSD; JPEG; GIF; or MS Word files

### Allegheny County Medical Society Annual Gala and Awards Program Advertising Saturday, March 2, 2019 - Westin Convention Center

Advertiser \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Ad Size \_\_\_\_\_ Ad Position (Circle one): Inside Back Cover Back Cover Regular Program Ad

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mastercard  Visa  Payment enclosed (Make checks payable to the Allegheny County Medical Society Foundation)

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_