# MAKE A BIG IMPACT TO CONTINUE TO THE CONTINUE



## Advertise in the Official Show Dailies

Packed with breaking news and distributed fresh each day of the show, the Medtrade Show Dailies are the best way for exhibitors to grab the attention of attendees. Placing an ad ensures you'll reach your prospects onsite and drive buyers to your booth.

Email:



### 2016 PACKAGE OPTIONS:



### **Show Daily BOGO:**

Get your ad in Days 2 & 3 for the price of one!



**Show Daily Triple Play:** 

Advertise in all three price of two!

PLUS - Recognitive Showcase ad with leave the show.

State:

Note: Tr. \_\_rlay space deadline is 10/5!

| Selection: | Size:          | Price*:  | Selection:                        | Size:       | Price*: |
|------------|----------------|----------|-----------------------------------|-------------|---------|
|            | Cover II       | \$7,045  |                                   | Jr. Spread  | \$8,980 |
|            | Cover III      | \$6,750  |                                   | Junior Page | \$4,640 |
|            | Cover IV       | \$7,340  |                                   | 2/3 Page    | \$4,040 |
|            | Tab Spread     | \$11,440 |                                   | 1/2 Page    | \$3,405 |
|            | 1/2 Tab Spread | \$8,150  |                                   | 1/3 Page    | \$2,805 |
|            | Tab Page       | \$5,870  |                                   | 1/4 Page    | \$2,355 |
|            | 1/2 Tab Page   | \$4,225  | <b>DEADLINE: October 12, 2016</b> |             |         |

<sup>\*</sup> Prices are for ads in both days 2 & 3, and are gross. 15% discount applies for providing digital ad materials to our specifications.

Confirmation and an Insertion Order will be sent upon receipt of Order Form. All signed agreements will be considered firm, and no cancellations after Oct. 12, 2016. I have read and agree to the terms and conditions set forth above.

| Authorized Signature: | <br>Date: |
|-----------------------|-----------|
| J                     |           |
|                       |           |

#### **CONTACT INFORMATION CREDIT CARD INFORMATION** ☐ Visa ☐ American Express ☐ Mastercard Name: Company/Organization: Expiration Date: Address: Cardholder Name: State: Zip: City: Cardholder Signature:\_ Fax: Billing Address:

SUBMIT TO: HME News | fax: 207-846-0657 | email: cmcguinness@hmenews.com