

# *the* AMERICAN ACADEMY *of* PAIN MEDICINE

## 28TH ANNUAL MEETING

The AAPM now offers billboard advertising opportunities to companies that are exhibiting or presenting a corporate showcase or corporate satellite symposia. Maximize your impact and reach 900 meeting attendees with your billboard advertisement. The billboards will be located at the entrance of the exhibit hall. This is an exclusive opportunity available to only five companies.

- Enhance your visibility.
- Drive traffic to your booth or event.
- Build brand awareness.
- Take advantage of prime location at the entrance of the exhibit hall.
- Gain clutter-free exposure.
- **The fee is \$3,000.**

Reserve your space today and provide your digital ad specifications, and we'll do the rest.

**Description:** Four-color meter board of standard foamcore

**Size:** 39" wide x 90¾" high

**Deadline:** January 30, 2012

**Send materials to:** rnowak@connect2amc.com

### File Submission Media

CD-ROM

E-mail attachment (4 MB or smaller)

FTP site (zip compression)

### Acceptable Software and Formats

Adobe Illustrator (AI/EPS), InDesign, Photoshop, & Acrobat

Files formatted in high-resolution (100–300 dpi)

Vector-based artwork with fonts converted to outline



**NEW  
OPPORTUNITY!**

Contact Patrick Filippelli at 847.375.4754 or pfilippelli@connect2amc.com to reserve your space.

Place your order by completing this form or submit the fillable form available online at [www.painmed.org/annual\\_mtg/exhibits.html](http://www.painmed.org/annual_mtg/exhibits.html), along with your payment.

## CONTACT INFORMATION

Contact Person \_\_\_\_\_ Department \_\_\_\_\_

Institution/Company \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

## PAYMENT INFORMATION

You may pay by either check or credit card.

Check # \_\_\_\_\_  Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Credit Card Type \_\_\_\_\_ Card Holder Name \_\_\_\_\_

Signature \_\_\_\_\_

**(For Office Use Only)** Date Received \_\_\_\_\_ Time scheduled \_\_\_\_\_ Approved \_\_\_\_\_

**Return form with payment to:** Rose Nowak, Sales Department

**AAPM**, 4700 W. Lake Avenue, Glenview, IL 60025-1485 • 847.375.4856 • e-mail [rnowak@connect2amc.com](mailto:rnowak@connect2amc.com) • fax 847.375.6465