

## Advertise in the DIGITAL AeroMat 2024 Final Program

**FINAL PROGRAM ADS ARE DUE: FRIDAY, JANUARY 26, 2024**

### Artwork Specs for 8.5" x 11" Trim Size

#### Full Page

Non-Bleed Dimensions: 7" (w) x 10" (h)

Bleed Dimensions: 8 3/4" (w) x 11 1/4" (h)

Price: \$1,575.00 USD

Cover Ad: \$2,500 USD

**\*\*Bleed dimensions above are for COVERS only\*\***

#### Half Page (Horizontal)

Non-Bleed Dimensions: 7" (w) x 5" (h)

Price: \$975.00 USD

#### Electronic Format

- All color ads are in 4-color CMYK
- High-resolution files accepted: .PDF, .EPS or .TIF
- Fonts MUST be embedded
- Bleeds are accepted for cover, inside cover, back cover, and inside back cover **ONLY**
- Bleeds should be at least 1/8" past the trim
- For full page, all vital copy must be at least 3/16" from trim
- Line art must have a resolution of 600 dpi
- Screened graphics must have a resolution of 300 dpi

#### File Submission

- Submit files to: [exposales@asminternational.org](mailto:exposales@asminternational.org)
- Files should not require any production work by ASM
- The ASM server does not accept zipped files

#### ***Full Payment due with signed advertising contract!***

*Signed advertising contract indicates the applicant's willingness to abide by all terms & conditions and general regulations. The Terms of Cancellation are located in the Terms and Conditions.*

### Final Program Advertising Contract

Exhibiting Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Website: \_\_\_\_\_

### Contact Person For All Advertising Correspondence

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

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Payment Information

***FULL payment MUST accompany this application.***

Check Enclosed (*Payable to ASM International*) \$ \_\_\_\_\_

Charge: Credit Card Amount \$ \_\_\_\_\_

\_\_\_\_ VISA \_\_\_\_ MasterCard \_\_\_\_ AMEX \_\_\_\_ Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CSV Code: \_\_\_\_\_

Billing Address Same As Listed Above?  YES

If NO, Full Billing Address: \_\_\_\_\_

\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Name of Cardholder: (*print*) \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

*This application should be signed and emailed to*

*ExpoSales@asminternational.org.*

*To make a payment by mail send to:*

*ASM International, 9639 Kinsman Road,*

*Materials Park, OH 44073, Attn.: Events Department*

***Additional Advertising Opportunities Provide More Brand Exposure!***