Advertising Contract & Information

ASOR 2010 Annual Meeting, Atlanta, GA

Sheraton Atlanta Hotel, November 17-20, 2010

Contact Name and Title:
_____

Company:
_____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **E-mail:** _____

Advertising in ASOR Annual Meeting Program Book:
The Annual Meeting Program Book contains a full listing of the academic program, including business meetings, information on the hotel and city, the abstracts, a listing of exhibitors, and other pertinent details. Each attendee will use this book as it provides the room locations and the most up-to-date academic program.

Advertising Specifications:
The ASOR Annual Meeting Program Book covers are four color and the inside pages are black and white only. Trim size is 8 ½ x 11 inches. Advertising copy may be submitted via snail mail or email (asorad@bu.edu). Please include high-resolution PDF or EPS along with a printed proof. Ads that do not fit the exact size may be altered. Please send specific instructions if you are ordering multiple pages.

Cancellation:
Failure to submit advertising copy by **September 30, 2010** will result in cancellation of space. Advertisers who cancel in writing by this date will receive a refund of the advertising fee, less a $100 processing fee. No refunds will be issued after **September 30, 2010**.

Return Policy & Conditions:
Advertising materials become the sole property of ASOR. Artwork will not be returned. Advertising deemed inappropriate will be declined as will ads for the sale of antiquities.

Payment Information:
Please make all checks payable to **ASOR**. Payment and artwork must be received by **September 30, 2010**. Send all applications, payments, and any questions to:

Kelley Bazydlo, CMP
Director of Meetings and Events, ASOR
656 Beacon Street, 5th Floor
Boston, MA 02215
Phone: 617.353.6576
Fax: 617.353.6575

Fees and Payment:

Full Page:	$300	_____
Half Page:	$200	_____
Quarter Page:	$150	_____
Inside Cover:	$750	_____
Back Cover:	$750	_____
	TOTAL:	_____

Please Note: Advertising space is limited.
Please reserve your space early. Thank You!

I am enclosing check #:_____

I am enclosing PO #:_____

Credit Card Payment:

☐Visa ☐Master Card ☐AmEx

_____
Credit Card # Exp. Date

_____
Print Card Holder's Name

_____
Address

_____
City State Zip

_____
Signature

_____
Title