Annual Dialysis Conference

presented by the *University of Missouri Division of Nephrology*

2018 DIALYSIS CONFERENCE PROGRAM ADVERTISING RATES

Handed out onsite to all conference attendees

Advertisement Size Options

Two Page Spread
17 X 11

Full Page
8 1/2 X 11

Half Page Horizontal
8 1/2 X 5 1/2

Half Page Vertical
4 X 11

Quarter Page
4 X 5 1/2

***Note*: Trim size of program is 8 1/2 x 11**

Production Requirements

- Advertisements must be submitted as eps, tiff or pdf files and may be emailed to: schmidtk@health.missouri.edu
- Software supported by the printer: Quark, PageMaker, InDesign, PhotoShop, Illustrator, Freehand, and Acrobat
- Trim Size: 8 1/2 X 11 inches
  Binding: Saddlestitched
- Questions concerning ad submission? Contact Karen Schmidt
  schmidtk@health.missouri.edu

Deadlines

Space and Payment Deadline: January 19, 2018
Artwork Submission Deadline: February 1, 2018

Advertisement Size and Location- please mark your preference:

Ad Size	Rate	Dimensions (Width X Height)
____ Two Page Spread	$2,000	17 X 11 inches
____Full Page	$1,500	8 1/2 X 11 inches
____1/2 Page Horizontal / Vertical	$900	8 1/2 X 5 1/2 inches / 4 X 11 inches
____1/4 Page	$450	4 X 5 1/2 inches

Above locations do not include inside cover and facing page or back cover (premium positions), those locations are listed below.

____ Inside Front Cover	$3,000	8 1/2 X 11 inches
____ Inside Front Cover + Facing Page	$4,500	17 X 11 inches
____ Inside Back Cover	$2,000	8 1/2 X 11 inches
____ Inside Back Cover + Facing Page	$3,500	17 X 11 inches
____ Back Cover	$3,000	8 1/2 X 11 inches

Return this form with payment:
Dialysis Conference
Attn:Thom Pancella
1 Hospital Drive, DC018.00
Columbia, Missouri 65212
Phone: (573) 882-8792 • Fax: [573] 882=5666

Total Enclosed _____

_____
Company Name

_____
Mailing Address

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City State ZIP

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Phone FAX

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Contact Person

_____
Date

Method of Payment:

____ Check- *If paying by check, make payable to Academy of Post Graduate Health Education, tax ID #43-1682002.*

____Visa ____MasterCard ____Discover ____American Express

_____
Credit Card Number

_____
Expiration Date

_____
Name as it appears on card

_____
Card Holders Address

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City State ZIP