

ADVERTISING SPACE RESERVATION FORM

American Society for Dermatologic Surgery
5550 Meadowbrook Drive, Suite 120
Rolling Meadows, IL 60008
Phone: 847-956-0900 • Fax: 847-956-0999



Company Name: _____

Bill to / Agency: _____

Contact Name: _____ Title: _____

Billing Address: _____

City _____ State/Province: _____ Zip/Postal Code _____

Phone: (_____) _____ Fax: (_____) _____

E-mail: _____

Indicate Publication Title:

- ASDS *Currents* — Indicate issue date(s): _____
- ASDS Annual Meeting Preliminary Program/Registration Brochure (published June, 2013)
- ASDS Annual Meeting Final Program (published October, 2013)
- ASDS Membership Directory (published April, 2013)

Indicate Ad size:

- Full page
- 2-Page spread
- Half page vertical
- Half page horizontal
- Quarter Page
- Bellyband

Indicate Color:

- 4-color
- Black & white

Indicate Preferred Position:

- Inside Front Cover
- Inside Back Cover
- Back Cover
- Other (please specify: _____)

Special Instructions: _____

Total Ad(s) Cost: _____

Advertisements will be invoiced upon publication. All payments are due upon receipt of the invoice and should be made payable to the American Society for Dermatologic Surgery. The ASDS reserves the right to hold the advertiser and/or its agency jointly liable for all monies due. Acceptance of an ad space order/contract does not obligate ASDS to publish the copy submitted. Signing this agreement indicates firm space commitment in accordance with the corresponding rate card. A faxed, signed copy of this agreement is also binding.

Authorized Signature: _____ Date: _____

Send space reservations to:

Dana Brown, Trade Show and Ad Sales Specialist
dbrown@asds.net, phone 847-956-9136, fax 847-956-0999

Send ad materials to:

anne@allodidesigns.com (20MB max; for larger files, call for ftp instructions)
ASDS c/o Anne Allodi Designs, Inc., 2609 School Dr., Rolling Meadows, IL 60008
phone 847-342-9092