



## 2019 SSA Annual Meeting Advertising Application

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

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

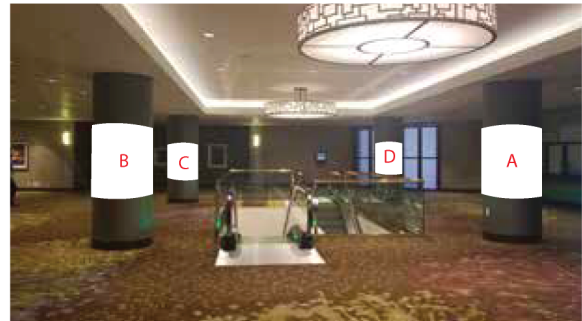
**FULL PAGE ADVERTISEMENT**  
7.25" wide x 9.5" high  
Full Color

**HALF PAGE ADVERTISEMENT**  
7.25" wide x 4.625" high  
Full Color

### PROGRAM ADVERTISEMENT

- \$2000** Full Page – Inside Front Cover
- \$2000** Full Page – Inside Back Cover
- \$1700** Full Page – First Five Pages
- \$1450** Full Page – No Specific Placement
- \$850** Half Page – No Specific Placement

\_\_\_\_\_ **Subtotal**

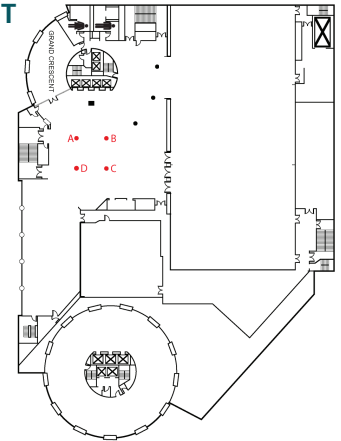


**COLUMN ADVERTISEMENT**  
120" wide x 48" high  
Full Color

### COLUMN ADVERTISEMENT

- \$2500** Column A
- \$2500** Column B
- \$2500** Column C
- \$2500** Column D

\_\_\_\_\_ **Subtotal**



**Total** \_\_\_\_\_

Pay by credit card  Pay by check (mail to SSA office)

Credit Card Type: Visa Mastercard American Express Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

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

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