



Pennsylvania Hotel
401 7th Avenue

NY Senior & Caregiver Expo
Sunday, April 5th, 2009

Advertising Contract:

Company: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

_____	Full page ads @ \$2995 (non-exhibitors)	\$ _____
_____	Full page ads @ \$1450 (-exhibitors)	\$ _____
_____	3/4 page ads @ \$2495 (non-exhibitors)	\$ _____
_____	3/4 page ads @ \$ 975 (exhibitors)	\$ _____
_____	Half page ads @ \$1595 (non-exhibitors)	\$ _____
_____	Half page ads @ \$ 675 (exhibitors)	\$ _____
_____	Quarter page ads @ \$850 (non-exhibitors)	\$ _____
_____	Quarter page ads @ \$375 (exhibitors)	\$ _____

This authorizes the placement of an advertisement in the Show Guide according to the rates and specifications listed. "Camera-ready" copy will be provided by the advisertisor in PDF format or other format acceptable to the Show Guide production/printing team. All advertising is subject to the Publisher's approval and agreement by the advertiser to indemnify and protect the publisher from loss of expense on claims or suits based upon the subject matter of such advertisements.

Fax to: 215-447-5988 and then mail to the address below.

Signature: _____ Title: _____

Print name: _____ Date: _____

Name on credit card: _____ Type: (Amx, VISA, Master): _____

Credit Card #: _____ Expiration date: _____ Validation code: _____

Accepted by NJ Senior Expo: _____ Date: _____

Name of Senior Independent Associate (SIA): NANCY WEBSTER -- PLEASE CONTACT ME WITH ANY QUESTIONS.