

2012 PASSPORT & EVENT PROGRAM

All those in attendance will receive an Event Program which contains the trade show layout, seminar outlines, the "CommTech Passport Contest" to collect exhibitor's stamps, purchased ads and exhibitor directory with your contact information. This is a valuable attendee keepsake for future reference.

PROGRAM SPECIFICATIONS:

Digital artwork to be submitted in final size, high resolution JPG or Adobe PDF file with graphics and fonts saved in the file.

Image resolution should be 300 dpi for clarity.

Email files to info@commtechshow.com. **Due date: April 1, 2012.**

Please note "CommTech Show Ad" in subject line.

FULL COLOUR PROGRAM GUIDE:

Location	Ad Size	Dimensions	w/Bleed	Colour	Price
Back Cover (SOLD)	Full Page	5.5 x 8.5"	5.75 x 8.75"	Full Colour	SOLD
Inside Back Cover (SOLD)	Full Page	4.833 x 7.833"	n/a	Full Colour	SOLD
Inside Front Cover (SOLD)	Full Page	4.833 x 7.833"	n/a	Full Colour	SOLD
Inside Text Page	Full Page	4.833 x 7.833"	n/a	Full Colour	\$475
Inside Text Page	Half Page	4.833 x 3.75"	n/a	Full Colour	\$325



WEBSITE ADVERTISING

Maximum exposure at reasonable rates. Advertise your company on the popular CommTech Show website.

WEB AD SPECIFICATIONS:

Digital artwork in static or flash files.

Size: 230px w x 286px d, 72dpi

Email files to info@commtechshow.com

Please note "CommTech Show WebAd" in subject line.

Location	1 year
Home Page	\$600
Choice of Remaining Pages	\$300

ORDER FORM

PROGRAM ADVERTISEMENT

- Back Cover - SOLD
 Inside Front Cover - SOLD
 Inside Back Cover - \$675
 Inside Full Page - \$475
 Inside Half Page - \$325

Program Ad Total: \$ _____

WEB ADVERTISEMENT (ADS MAY BE CHANGED BI-MONTHLY)

- Home Page 1 year - \$600.
 Alternate page 1 year - 300 (preferred page _____)

Web Ad Total: \$ _____

Sub Total: \$ _____

12% HST: \$ _____

TOTAL DUE: \$ _____

PAYMENT INFORMATION:

AN INVOICE WILL BE EMAILED TO CONTACT:

- CHEQUE** Please make cheque payable to "DazzleMe Productions" and mail with your registration form to the Grimsby address below.
 CREDIT CARD VISA MasterCard Amex _____ Expiry: MM/YY ____/____
 CCV: _____ (security number) Name as shown on Card: _____
 Address card registered to: _____ Postal/Zip Code: _____
 Signature: _____ Date: _____
 PAYPAL ONLINE Please fax or email this form. You will be emailed an invoice from PayPal.