

Next Generation Dx Summit

Moving Assays to the Clinic

August 19-21, 2014

Capital Hilton | Washington, DC

Cambridge Healthtech Institute/Attn:

Elaine Eskedal, 250 First Ave.,

Suite 300, Needham, MA 02494

Tel: (781) 972-5430 Fax: (781) 972-5470

Email: eeskedal@healthtech.com

Advertisement Registration Form

Place an Advertisement in the Program Guide & Event Directory

Handed out to All Attendees On Site!!

Advertising Artwork Due: July, 7 2014

ADX 1480

Company Name: _____ Web site: _____
Contact Name: _____ ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms
Title: _____ Division: _____
Address: _____
City/Prov/Zip: _____ Country: _____
Tel: _____ Fax: _____ Email: _____

EXHIBITOR AND SPONSOR RATES BELOW (Already Discounted) –NON Exhibit/Sponsor rates are on the AD SPECS form:

BLACK AND WHITE

Full Page (8.5" x 11" - trim size) ☐ \$700

Live Area 8 x 10.5

BLACK AND WHITE

1/2 Page Horizontal (8.5" x 5.5") ☐ \$550

COLOR PREMIUM (8.5 x 11"- trim size)

Full Page Live Area 8 x 10.5 ☐ \$900

COLOR PREMIUM

1/2 Page Horizontal (8.5" x 5.5") ☐ \$650

Inside Back Cover Live Area 8 x 10.5 ☐ \$2,400

Inside Front Cover Live Area 8 x 10.5 ☐ \$2,400

Outside Back Cover Live Area 8 x 10.5 ☐ \$2,800

Advertisement Total: \$ _____

Payment Method

☐ Enclosed is a check or money order payable to Cambridge Healthtech Institute drawn on an U.S. Bank in U.S. Currency.

☐ Charge to credit card (check one): ☐ Visa ☐ MasterCard ☐ American Express

Card Holders Name: _____ Signature: _____

Card #: _____ Exp. Date: _____

Payment Terms

This contract is subject to the following terms and conditions:

- 1.) Full payment within 30 days of contract date.
- 2.) Once signed, it is agreed that this is a binding contract with a 100% cancellation fee.

Signature required: I, (print name) _____, reviewed and agree to the payment terms stated above. I understand that this contract is legally binding between CHI and my company. I am authorized to approve the terms of this contract.

Authorized Signature: _____

Date: _____

Print Name: _____