

2019 PPS ADVERTISING AND SPONSORSHIP ORDER FORM

Contact Name _____

Telephone _____

Email _____

Mailing Address _____

City _____

State _____

Zip _____

Impact Magazine <input type="checkbox"/> B&W <input type="checkbox"/> Color	Issues Running	Cost*
<input type="checkbox"/> Inside Front Cover <input type="checkbox"/> Inside Back Cover <input type="checkbox"/> Back Cover	<input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> June	
<input type="checkbox"/> Full Pg <input type="checkbox"/> 1/2 H Pg <input type="checkbox"/> 1/2 V Pg <input type="checkbox"/> 1/4 Pg <input type="checkbox"/> Custom Insert	<input type="checkbox"/> July <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct (PPS Show Issue) <input type="checkbox"/> Nov	

Ad Index Listing

To eliminate printing errors, please email your contact information to advertise@ppsimply.org with your insertion order. Contact information includes: Company Name; Phone; Fax; Email; and Website.

Online Advertising (Impact online / PPS online)	Months Running	Cost*
www.ppsimply.org <input type="checkbox"/> Leaderboard <input type="checkbox"/> Button <input type="checkbox"/> Email Blast	<input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> June	
www.ppsapta.org <input type="checkbox"/> PREMIUM Leaderboard <input type="checkbox"/> Leaderboard <input type="checkbox"/> Square	<input type="checkbox"/> July <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec	

PPS Buyer's Guide <input type="checkbox"/> Print <input type="checkbox"/> Online	Cost*
<input type="checkbox"/> Enhanced Listing (200 words) <input type="checkbox"/> Basic Listing (50 words) <input type="checkbox"/> Multiple Listings Number of listings _____	

PPS Annual Conference & Exhibition	Cost*
Program Guide <input type="checkbox"/> Inside Front Cover <input type="checkbox"/> Inside Back Cover <input type="checkbox"/> Back Cover <input type="checkbox"/> Full Pg <input type="checkbox"/> 1/2 H Pg <input type="checkbox"/> 1/2 V Pg <input type="checkbox"/> 1/4 Pg	
Sponsorships <input type="checkbox"/> President's Reception <input type="checkbox"/> Breakfast Reception <input type="checkbox"/> Lunch in the Hall <input type="checkbox"/> Breakfast in the Hall <input type="checkbox"/> Happy Hour <input type="checkbox"/> Wifi <input type="checkbox"/> Hotel Key Card <input type="checkbox"/> Lanyard <input type="checkbox"/> Tote Bag <input type="checkbox"/> Mobile App <input type="checkbox"/> Presenter Handouts on USB Drive	

PPS Integrated Marketing	Cost*
<input type="checkbox"/> PPS 2019 Conference Packet (save 10%) <input type="checkbox"/> Impact Premium Packet (save \$3,200) Choose 4 months for FREE email blast button: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec	

Summary of Costs	Total Cost*
Impact Magazine \$ _____ PPS Buyer's Guide \$ _____ PPS Annual Conference \$ _____ Online \$ _____ Integrated \$ _____	

*See rate card for pricing and discount structure.

Artwork: Use same art for all ads
 Use new art for each ad (include individual insertion instructions as required)

Special Instructions: _____

Contact for materials: Advertiser Ad Agency
Bill: Advertiser Ad Agency

PPS REQUIRES PREPAYMENT FOR ALL ADS*

INDICATE PAYMENT OPTION:

E-Invoice (payment due within 30 days of receipt)

 Email address of payee (required)

Payment per Insertion \$ _____

Payment in **FULL** for **ENTIRE** order \$ _____
 (5% prepay discount only applies to IMPACT 4x-11x order)

Charge my credit card

VISA Master Card American Express

Payment per Insertion \$ _____

Payment in **FULL** for **ENTIRE** order \$ _____
 (5% prepay discount only applies to IMPACT 4x-11x order)

FOR INTERNAL USE ONLY

For your security, PPS will contact you by phone for payment information upon receipt of a completed order form.

 CARD NUMBER EXPIRATION DATE and 3-DIGIT CODE

 CARDHOLDER NAME (PLEASE PRINT LEGIBLY)

 SIGNATURE FOR PPS 2019 ADVERTISING AGREEMENT DATE

*Ad WILL NOT run if payment is not received within 30 days. Cancellations must be received in writing prior to the published ad close date. Short-term rates apply upon cancellation.

EMAIL THIS INSERTION ORDER, YOUR AD INDEX INFORMATION, AND AD TO MALISA.MINETREE@ME.COM.