



Enhance your visibility and drive attendees to your booth at REACH 2018!

Make this your most successful conference by inviting ARN attendees to your booth through an advertisement in the conference guide or a promotional mailing to the list of preregistered attendees. The conference guide is distributed to all attendees at registration and includes the conference schedule and a complete list of the educational sessions, paper and poster presentations, and exhibitors. ARN attendees refer to the guide often, not only onsite at the conference but throughout the year, which gives your ad repeated exposure.

CONFERENCE GUIDE ADVERTISING

The conference guide contains the complete listing of all conference activities and is distributed to all attendees.

Closing date for space reservations: August 3, 2018

Materials deadline: August 17, 2018

Conference Guide Advertising Rates

Space	Exhibitor	Non-exhibitor
o Full page with bleed (7 1/4" x 10 1/4")	\$1,100	\$1,300
o Full page nonbleed (6 1/4" x 9 1/2")	\$1,100	\$1,300
o 1/2 page horizontal (6 1/4" x 4 1/2")	\$800	\$1,000
o Add 4-color process \$950 \$950		

Covers (including 4-color process)

o Back cover	\$2,750
o Inside front cover	\$2,400
o Inside back cover	\$2,150

ATTENDEE MAILINGS

The list of preregistered attendees is available to exhibitors for a fee. The mailing list (for one-time use only) allows the exhibitor to send a promotional piece or mailer to preregistered attendees in advance of the meeting.

Preapproval of your promotional piece is required. You must include a copy of the promotional piece that you want to distribute when you submit your request. No lists will be supplied to you until a copy of your promotional piece has been approved by ARN.

The list of preregistered attendees will be distributed approximately 1 month before the conference.

o Yes, I would like to receive a copy of the attendee list at the e-mail address below, and I agree to all prerequisites.

Fee: \$500

CONTACT INFORMATION

Name _____ Title _____

Company _____

Address _____ City/State/ZIP _____

Signature _____

E-mail Address _____ Phone Number (_____) _____

PAYMENT INFORMATION o MasterCard o Visa o American Express o Discover Amount \$ _____

Account Number _____ Expiration Date _____

Signature _____

Return form with payment to: ARN Professional Relations