



2014 EVENT ADVERTISING AGREEMENT

COMPANY NAME _____

COMPANY CONTACT NAME _____

ADDRESS _____

PHONE _____ EMAIL _____

Products & Services Purchased

ON-SITE EVENT GUIDE

- Full-page, full-color: \$750
- Full-page, black & white: \$500
- Half-page, full-color: \$375
- Half-page, black & white: \$250
- 1/4-page, black & white: \$150

CONFERENCE E-BLASTS

405 x 203 pixels

- 6-time ad: \$600 (\$100/ad)
- 3-time ad: \$375 (\$125/ad)
- 1-time ad: \$150

ATTENDEE BAG INSERT

800 promotional pieces

due by 10/22/14

- \$250

TOTAL \$ _____

Preparation: All material necessary for ad placement must be received by COA no later than the specified content due dates. Should ad materials not arrive in time, COA is authorized to publish the last prepared ad, if any. The advertiser would be charged as if the proposed ad had been published.

Insertion/Content Deadlines: On-site guide ad space must be reserved by 9/22/14, ad content due by 9/29/14. Conference e-blast content deadlines vary by event. A full schedule can be provided upon request. Attendee bag inserts must be delivered to the COA office no later than 10/22/14.

Payment: Payment is due by insertion deadline. COA is authorized to hold publication of advertisements until full payment is made.

Refusal: COA reserves the right to refuse any ad for any reason. If an ad is refused during a contract period, COA is authorized to publish the last published ad unless/until a replacement ad is received by COA no later than the content-due date specified in the media kit.

Cancellation: Contracts may not be cancelled once payment is received.

Hold Harmless: Advertiser accepts all responsibility for any and all advertisements published by COA on behalf of the advertiser. Advertisers will hold harmless COA for any and all claims for any ad, including but not limited to tort, copyright, and photo or trademark actions.

Payment

- I choose to pay the full amount by **ACH debit**
- I choose to pay the full amount by **credit card**
- I choose to pay the full amount by **check**

**PLEASE FAX CREDIT CARD OR ACH DEBIT INFORMATION TO COA'S SECURE FAX LINE: (916) 469-2896
OR EMAIL DIRECTLY TO JHAAS@COAVISION.ORG**

NAME ON CREDIT CARD _____ EXP DATE _____

CARD # _____ SEC CODE _____

NAME(S) ON CHECKING ACCOUNT _____

ROUTING # _____ ACCOUNT # _____

SIGNATURE _____ DATE _____

Please mail check payment to:

California Optometric Association, Attn: California Optometry, 2415 K Street, Sacramento, CA 95816
Please include advertiser name and magazine issue date on check.

FOR COA USE:	
BILL TO	SHIP TO