

ADVERTISING OPPORTUNITIES

The official printed conference program is a major part of each participant's registration packet, and those who are unable to attend the meeting often purchase the program as well. In addition, many institutional members place copies of the program in their libraries for students and faculty to peruse in learning what is being talked about at scholarly meetings. Approximately 3,000 copies will be printed.

EMAIL BLAST

Directly connect to community corrections professionals around the world!
Market to approximately 10,000. Email blasts occur roughly every two weeks in the months prior to the Institute.

Email Blast (each) \$500

MATERIALS PREFERRED (EMAIL BLASTS)

Ad dimension are 120px wide x 240px long
.png or .gif file Required.

SOUVENIR PROGRAM

Premium Landscape Spread* \$2,200

Landscape Spread \$1,400

Premium Full Page* \$850

Full Page \$700

1/2 Page \$500

PREMIUM AD POSITIONS*

- Inside Front Cover/Spread **(SOLD!)**
- Inside Back Cover/Spread **(SOLD!)**
- Facing the Featured Sessions
- Facing the "Institute at a Glance" Page
- Facing the Floorplan
- Back Cover **(SOLD!)**

**Only available to premium landscape spread and premium full page ads.*

MATERIALS PREFERRED (SOUVENIR PROGRAM)

Digital files (PDF-X-1A). Quark or InDesign files will not be accepted. **ADS WILL BE FULL COLOR.**

FILE TRANSMISSION

Please send all PDF/X-1A ads to APPA-ads@csg.org.

APPA RECEIVES ALL PROOFS VIRTUALLY, NO HARD COPIES ACCEPTED.

**LANDSCAPE
SPREAD**

**FULL
PAGE**

**HALF
PAGE**

**EMAIL
BLAST**

LANDSCAPE SPREAD (W/BLEED)

8.25" x 16.25"

PREMIUM FULL PAGE (W/BLEED)

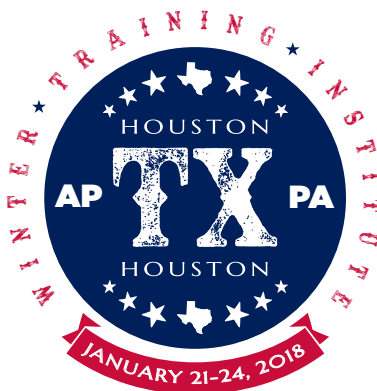
8.25" x 8.25"

1/2 PAGE

3.75" x 8.25"

EMAIL BLAST

1.67" x 3.33" (120 x 240 pixels @ 72dpi)



ADVERTISING CONTRACT

Company Name _____

Contact Person _____

Title _____

Address _____

City _____

State _____

Zip _____ Country _____

Phone _____

Fax _____

Email _____

Billing Name (if different) _____

Billing Address (if different) _____

AD SIZE (SEE LAYOUTS)

PAYMENT INFORMATION

☐ VISA ☐ MasterCard ☐ American Express ☐ Invoice

Card Number _____

Expiration Date _____ CVV _____

Name on Card _____

Signature _____

Date _____

**SOUVENIR PROGRAM ADS SHOULD BE RECEIVED
BY APPA NO LATER THAN 12/15/2017.**

**EMAIL BLAST MATERIALS ARE DUE ONE WEEK
BEFORE ASSOCIATED BLAST.**

FAX OR EMAIL INSERTION ORDER TO

John Higgins, Creative Services
Fax: 859.244.8001
Email: APPA-ADS@csg.org