

Program Book Advertisement Form

2017 South Carolina Association of the Deaf Conference

August 4 & 5, 2017

Hilton Garden Inn, Rock Hill, SC

Advertising Rates:

Center Spread	___ \$400 (Black & White)	___ \$800 (Color)
Back Cover – Inside	___ \$250 (Black & White)	___ \$500 (Color)
Full Page	___ \$200 (Black & White)	___ \$400 (Color)
Half Page	___ \$150 (Black & White)	___ \$300 (Color)
One Fourth Page	___ \$100 (Black & White)	___ \$200 (Color)
One Eighth Page	___ \$50 (Black & White)	___ \$100 (Color)
Business Card	___ \$40 (Black & White)	___ \$80 (Color)

Name _____

Your Business/Organization _____

Street Address _____

City, State, Zip _____

Phone () _____ TTY/VP/Voice FAX () _____

Email Address _____

Reservations will be accepted on a first-come, first-served basis. All reservations for space must be accompanied by payment in full by or prior to **June 15, 2017**. Camera-ready ad copies or electronic submission in acceptable formats must be received by or prior to **June 29, 2017**.

Camera-ready ads must include any graphics or logos used. Please do not fold the ad copy or attach paper clips; mail in a flat envelope with a cardboard or rigid insert. Electronically submitted ads must be in high resolution JPEG format. All fonts and images/logos must be included. Email ads to: Asteichen-mcdaniel@scadservices.org.

Space cancellation must be received in writing. Reserved space cancelled prior to **June 15, 2017** will be refunded. Cancellation of reserved space received after **June 15, 2017** will **NOT** be refunded. There will be no exceptions made.

AGREEMENT – Only publication of an advertisement shall constitute final acceptance of the advertiser's order. The advertiser and advertising agency will indemnify and hold harmless the South Carolina Association of the Deaf (SCAD), its officers, agents, employees and contractors, for all contents supplied to the publisher, including text, representations and illustrations of advertisement printed, and for any claims arising from content including, but not limited to: defamation, invasion of privacy, copyright infringement, or plagiarism. We have read and agree herein to the terms stipulated in this agreement.

Signature of Representative in Charge _____ Date _____

Please make checks or money order payable to “**2017 SCAD Conference**” and should be sent to:

SC Assoc. of the Deaf
SCAD Conference
437 Center St.
West Columbia, SC 29169