

FHCA 2024 Annual Conference Brochure or Program Advertising

Ad space is available for our Conference Brochure and Program. The Brochure is mailed to all nursing centers, assisted living facilities and corporate offices in Florida. **Circulation in this popular publication exceeds 4,000.** This slick, magazine-style publication is sure to catch people's attention and generate buzz for the 2024 Trade Show.

Attendees refer to the Program all during Conference when checking for details on seminars and other events. These full-color ads are a great way to gain additional recognition for your company and drive traffic to your booth.

A signed ad form with payment must be submitted by Friday, February 9 to reserve your space for the Conference Brochure. Camera-ready or finished ad artwork must be submitted by Friday, February 16, for the Brochure. A signed ad form with payment must be submitted by Friday, April 19, to reserve your space for the Onsite Conference Program. Camera-ready or finished ad artwork must be submitted by Friday, May 3 for the Program.

The format for submitted artwork is:

- CMYK for color
- All text converted to outlines
- All images embedded
- **DO NOT** include crop marks in print ready files
- Accepted file formats: high resolution .pdf, .eps, .ai, .psd
- Resolution should be 300 dpi

**If your image goes to the edge of the page, a bleed is required!*



Ad Order Form

Company Name _____

Contact Name _____ Title _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

SELECT YOUR AD SPECS AND PUBLICATION

CONFERENCE BROCHURE

- Full Page with bleeds – \$1,000
 - 6" wide x 9" tall with a 1/8" bleed on all sides
- Half Page Horizontal – \$750
 - 5.5" wide x 4.125" tall (no bleed)
- Quarter Page – \$500
 - 2.75" wide x 4.25" tall (no bleed)

CONFERENCE ONSITE PROGRAM

- Full Page with bleeds – \$1,000
 - 6" wide x 9" tall with a 1/8" bleed on all sides
- Half Page Horizontal – \$750
 - 5.5" wide x 4.125" tall (no bleed)
- Quarter Page – \$500
 - 2.75" wide x 4.25" tall (no bleed)

Check/Money Order Enclosed (payable to FHCA)

Charge My: American Express MasterCard VISA Discover

Cardholder Name _____ Security Code _____

Credit Card No. _____ Exp. Date _____

Email for receipt _____

Total _____ Signature _____

(authorizes ad and charge amount)