



Non-Exhibitor Advertising Insertion Order

ASRS 26th Annual Meeting Program Book

To guarantee ad placement in the 26th Annual Meeting Program Book, a signed insertion order with full payment must be received no later than **April 30, 2008**.

ADVERTISER INFORMATION Please print clearly

Company name _____

Complete mailing address _____

City _____ State _____ Zip code _____ Country _____

Name of advertiser / agency representative _____ Signature _____ Date _____

Phone (outside USA - include country and city code) _____ Fax (outside USA - include country and city code) _____

E-mail _____

AD RATES AND SIZES B&W or 4-color process

- | | | |
|-------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Half Page (horizontal) \$1,800 | <input type="checkbox"/> Page Facing Inside Front Cover \$3,500 | All ads are sold on a first-come basis. |
| <input type="checkbox"/> Full Page \$3,000 | <input type="checkbox"/> Page Facing Table of Contents \$3,500 | |
| <input type="checkbox"/> 2-Page Spread \$5,400 | <input type="checkbox"/> Inside Back Cover \$3,750 | |
| <input type="checkbox"/> Inside Front Cover \$4,400 | <input type="checkbox"/> Outside Back Cover \$5,100 | |

PAYMENT METHOD in U.S. funds only (ASRS Tax ID: 11-3791806)

Total Enclosed

I have enclosed the following amount: \$ _____

- CHECK payable to American Society of Retina Specialists
- MASTERCARD VISA AMERICAN EXPRESS

Account number _____ 3 or 4 digit printed code on back of card _____ Expiration date _____

Cardholder's name as it appears on the credit card _____ Cardholder's signature _____

Credit card billing address if different from above (street, city, state, zip code, country) _____

ADVERTISING SPECIFICATIONS

See Advertising Specifications at www.asrs.org for submission requirements.

Please send Insertion Order with payment no later than April 30, 2008 to:

<p>MAIL: Medical Conference Planners, Inc. 1251 Post Road Scarsdale, NY 10583 USA</p>	<p>FAX: If paying by credit card you may fax form to: (914) 722-0465</p>	<p>QUESTIONS? Phone (914) 722-0664 asrshawaii@medconfs.com</p>
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