

## **2011 Awards Banquet and Conference**

~5<sup>th</sup> Anniversary~

April 6 & 7, 2011 - San Jose, California

## **Ad Book Details**

Ad Deadline (spec and size details below) –Friday, December 31, 2010

		th -			
Are yo		-	ary, Platinum, Gold, Silver or Bronze Sponsor?		
	YES	Level Ty <sub>l</sub>	<b>pe:</b> 5 <sup>th</sup> Anniversary Platinum Gold Silver Bronze		
	<u>PLEASE</u>	NOTE: an Ad is i	ncluded with your sponsorship package. Please see Ad Spec Details below in order to submit		
	your ad properly and in a timely manner.				
	■ <b>NO</b> – If interested in placing an Ad in the 2011 Ad book, please review and select from the following Ad-Book optio Please complete and email this form and your company ad (jpeg format) to <a href="mailto:jill@consultspringboard.com">jill@consultspringboard.com</a> no later the Friday, December 31, 2010				
	Full-page Ad in the Ad Book <b>(\$1,500</b> ) – included as part of the 5 <sup>th</sup> Anniversary; Platinum and Gold sponsorships				
	Half-page Ad in the Ad Book (\$1,250) – included as part of the Silver sponsorships				
	Quarter-page Ad in the Ad Book (\$750) – included as part of the Bronze sponsorships				
SPECS	<u>:</u>		<del></del>		
All art	work to	be emailed to j	ill@consultspringboard.com, no later than Deadline – December 31, 2010 in PDF		
format with fonts embedded					
	RESOLUTION: 300dpi				
	COLOR: Black and White				
	NO HARD COPIES				
SIZES:					
<u>JILLJ.</u>	•	Full-page:	7.75" wide x 10" high		
	•	Half-page:	7.75" wide x 4.5" high (No vertical ads)		

Please complete the following billing form and either email to <a href="mailto:jill@consultspringboard.com">jill@consultspringboard.com</a> or fax to 973-813-7261. Any questions, please call Jill Frankel at 973-813-7260 x. 106 or Ivette Lopez x. 102.

3.75" wide x 4.5" high

Quarter-page:



14 Glenbrook Drive, Mendham, NJ 07945 Tel: 973-813-7260; FAX: 973-813-7261 www.consultspringboard.com

## Billing Form Please fax to 973-813-7261

Date:	te:			
Comp	mpany:			
Name	me:			
Invoic	voice Number / Amount (\$):			
PAYIN	YING VIA CREDIT CARD:			
1.	Method of payment – Credit Card Type:			
2.	Exact Name on Credit Card:			
3.	Exact Billing Address of Credit Card:			
4.	Exact Number on Credit Card:			
5.	Credit Card Expiration Date:			
6.	If applicable - Please provide daily limits and/or transaction limits on Credit Card provided	above:		
7.	Billing Contact's telephone number:			
8.	Billing Contact's email address (this will be used for all communication regarding this transaction):			
card ii	nfidentiality of Information: Springboard Consulting, LLC will maintain the confidentiality of all clird information; will not sell or share; or disclose any information without your explicit consent or uthorization: I authorize Springboard Consulting, LLC and the credit card company named above to	unless required by law.		
Autho	thorized Signature:			
Print I	nt Name: Date:			

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