



ADVERTISE IN THE ITSC 2010 SHOW DIRECTORY

**ADDITIONAL ADVERTISING OPPORTUNITIES
PROVIDES BRAND EXPOSURE!**

Check Here	Page Size	Dimensions	Price	Total
	Full Page	7" x 10"	\$ 1,500.00 USD	
	Two Thirds Page (Vertical)	4 1/2" x 10"	\$ 1,000.00 USD	
	Half Page (Horizontal)	7" x 4 7/8"	\$ 895.00 USD	
	Half Page (Island)	4 1/2" x 7 1/2"	\$ 895.00 USD	
	One Third Page (Island)	4 1/2" x 5"	\$ 695.00 USD	
	One Third Page (Vertical)	2 1/8" x 10"	\$ 695.00 USD	
	Quarter Page	3 1/4" x 5"	\$ 495.00 USD	
	One Sixth Page	2 1/8" x 5"	\$ 295.00 USD	
			Total Due \$	

ARTWORK SPECS

All ads are Black and White, except 3 Cover Page Ads are in 4 color

Electronic Format:

- High-resolution files such as PDF, EPS or TIF. Fonts must be embedded.
- Document size should be same as desired size.
- Bleeds should be at least 1/4" past the trim, and indicate if it's a bleed ad at submission.
- For Full Page, all vital copy must be at least 3/16" from trim.
- Line Art must have a resolution of 600 dpi, screened graphics must have a 300 dpi.

File Submission:

- Files can be submitted by email or FTP site to either:
vickie.shalhoup@asminternational.org or
kelly.thomas@asminternational.org
- Files should not require any production work by ASM

Ad Due Date: March 1, 2010

For questions regarding advertising, please contact Kelly Thomas, National Account Manager at 440.338.1733 or email at kelly.thomas@asminternational.org.

All payments should be made payable to ASM International and be included with the advertising order form. Completed order form and payment can either be mailed to: ASM International, 9639 Kinsman Road, Materials Park, Ohio 44073, Attn: Vickie Shalhoup, faxed to 440.338.8629 or emailed to: vickie.shalhoup@asminternational.org

Please complete the following information

ASM International USA Payment Method	
<input type="checkbox"/> Check enclosed (Payable to ASM International) Check # _____	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Diners Card	
Credit Card Number _____	Exp. Date _____
Signature _____	Name of Cardholder (please print)

Company Name _____
(exactly as it should appear in print and online)

Contact Name _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

Email _____

Website _____