



## ONSITE ADVERTISING OPPORTUNITIES APPLICATION

**Enhance your visibility and drive attendees to your booth at the 2017 World Medical Cannabis Conference & Expo.** Statistics show that attendees come to an exposition with a set agenda of exhibits to visit. Make this your most successful meeting by inviting attendees to your booth through these advertising opportunities.

### WORKSHOP CHAIR DROP

A Workshop chair drop allows you to promote your event or your products and services to WMCCE attendees in their workshop rooms. Your promotional piece is delivered to all attendees participating in workshops. Participation in this program allows you to increase traffic to your event or booth.

The fee to participate is **\$1,500.**

Preapproval of your promotional piece and payment are required. The size should be no larger than 8.5"x11" and no thicker than 1/16". Workshop chair drops are for symposia, product (no vap) and service flyers only. Call for pricing for other drop material options.

Preferred drop:     Workshop name \_\_\_\_\_     CME Course

### SHOWGUIDE ADVERTISING

Show Guide books are provided to all attendees at registration and include the conference schedule and a complete list of educational sessions and descriptions, poster presentations, and exhibitors. Attendees refer to the guide often, not only onsite, but also throughout the year, giving you repeated exposure.

**Exhibitors receive a 50% discount. (All ads receive full color.)**

Space	Rate	Ad space reservation deadline: March, 1, 2017	
Full page.....	\$1,400	<b>Artwork deadline: March 17, 2017</b>	
Half page.....	\$1,050	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Nonexhibitor
Inside front cover .....	\$2,600	Size of ad _____ Cover position _____	
Inside back cover.....	\$2,475	<input type="checkbox"/> Vertical	<input type="checkbox"/> Horizontal
Back cover .....	\$2,825	Total \$ _____	

I will participate in the Show Guide advertising and agree to be billed according to my selection above.

## CONTACT INFORMATION

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Company Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

## PAYMENT INFORMATION

Mastercard     Visa     American Express     Payment will be made via check     PAYPAL ([Click here!](#))

Account#: \_\_\_\_\_ CVV#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder's Billing Address (if different than above): \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Make checks payable & mailed to: Compassionate Certification Center's, 27 Ann Street, Pittsburgh PA 15223