



ONSITE ADVERTISING OPPORTUNITIES APPLICATION

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.

Workshop name _____

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. Designer is available to design ad at an additional cost.

Exhibitors receive a 50% discount. (All ads receive full color.) Ad space reservation deadline: February 23, 2018

Space	Rate	Artwork deadline: March 9, 2018	
Full page.....	\$1,400	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Nonexhibitor
Half page.....	\$1,050	Size of ad _____ Cover position _____	
Inside front cover	\$2,600	<input type="checkbox"/> Vertical	<input type="checkbox"/> Horizontal
Inside back cover.....	\$2,475	Total \$ _____	
Back cover	\$2,825		

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

WEBSITE/NEWSLETTER ADVERTISING

You will not find a better response by health care providers and patients in the medical marijuana industry. Our database is robust with the latest technology, over 16,000+ unique visitors a day.

- Newsletter Banner \$250
- Website Banner \$200
- Newsletter Sidebar \$300
- Website Sidebar \$250

Total \$ _____

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

Please fill out this form and email it to valerie@compassionatecertificationcenters.com or fax it to 412-821-2628