



SHOW DIRECTORY

Advertising Insertion Order Form and Specification Sheet

June 10 – 12, 2008
 Jacob K. Javits Convention Center
 www.dmdays.com

PRODUCTION GUIDELINES AND AD SIZES

Trim Size	8.375" x 10.875"
Full Page Bleed (add 0.125" all around)	8.625" x 11.125"
Full Page No Bleed	7.375" x 9.875"
Half Page No Bleed	7.375" x 4.9375"

- Inside B&W ads will not bleed. All Color ads may bleed. (Add 0.125" all around)
- All ads must be accompanied by printout or proof sheet

ADVERTISING RATES

<input type="checkbox"/> Inside Full Page Black & White	\$1,045
<input type="checkbox"/> Inside Half Page Black & White	\$610
<input type="checkbox"/> Inside Full Page 4-Color	\$1,360
<input type="checkbox"/> Inside Half Page 4-Color	\$790
<input type="checkbox"/> Inside Front Cover (4-Color only)	\$3,145
<input type="checkbox"/> Inside Back Cover (4-Color only)	\$3,145
<input type="checkbox"/> Back Cover (4-Color only)	\$4,725

NOTE: DM Days NY Show Directory advertising is available ONLY to current DM Days NY exhibitors and sponsors.

Please **FAX** this form to Katie McEvoy at: 212.302.7643 or **E-MAIL** it to kmcevoy@the-dma.org.

Please **E-MAIL** artwork to Katie McEvoy at kmcevoy@the-dma.org or **MAIL** to: Attn: Katie McEvoy
 Direct Marketing Association
 1120 Avenue of the Americas
 New York, NY 10036

Advertiser _____
 Company _____
 Address _____
 City _____ State _____ Zip Code _____
 Contact _____
 Title _____
 E-Mail _____
 Phone _____
 Fax _____

ACCEPTABLE SOFTWARE AND FILE TYPE

- A. High resolution PDF
- B. High resolution Photoshop CS2 or lower EPS or tiff 300dpi
- C. Illustrator EPS CS2 or lower
(EPS illustrator files should have all fonts outlined)
- D. QuarkXpress 6.5 or lower MAC format
(all images and fonts should be included)
- E. InDesign CS2 MAC format
(all images and fonts should be included)

DEADLINES

Insertion Orders: April 30, 2008
Artwork: May 9, 2008

hot tip If you are using a full version of Adobe Acrobat, please fill in the **INSERTION ORDER FORM**, save a copy as your company name and email it. Otherwise, fill in the form, print it and fax it back to us.

PAYMENT

Total Amount \$ _____
 Check Enclosed (Made payable to DMA)
 Visa MasterCard American Express Discover

Card Number _____
 Expiration Date _____
 Name (as it appears on card) _____
 Company Name (if corporate card) _____
 Sign or Initial Here _____

For additional information, please contact Donna LoPorto at 303.543.1164 or email dloporto@the-dma.org
 Katie McEvoy at 212.768.7277, ext. 1685 or email kmcevoy@the-dma.org.