

Exhibitor Information:

PO# _____ Booth # _____

Company Name _____

Address 1 _____

Address 2 _____

City _____ State/Province _____ Postal Code _____

Country (if other than U.S.) _____

Telephone _____ Fax _____

Contact Name _____

Contact Email _____

Bill To: Agency (if different from exhibitor)

PO# _____

Company Name _____

Address 1 _____

Address 2 _____

City _____ State/Province _____ Postal Code _____

Country (if other than U.S.) _____

Telephone _____ Fax _____

Contact Name _____

Contact Email _____

 OFFICIAL DIRECTORY ADVERTISING (Material Deadline: April 26, 2024) *See FABTECH CANADA 2024 Ad Brochure for product description and prices.

 1. Indicate Ad Size (4-colour): Standard Full Page 1/2 Horizontal 1/2 Vertical 1/3 Horizontal 1/3 Vertical 1/4

2. Premium Positions (4-colour, Standard Size Only) \$ _____

 Inside Front Cover Back Cover Inside Back Cover **SUB-TOTAL** \$ _____

-15% Agency commission or in-house agency discount \$ _____

TOTAL \$ _____

 ENHANCED LISTING IN PRINT DIRECTORY & WEB (Material Deadline: April 26, 2024)

 1. Enhanced Package: Classic Premium **TOTAL** \$ _____

 Please email your company logo to fabtechorders@fabtechexpo.com
 FLOOR ADS, TWO (2) (Material Deadline: April 26, 2024) **TOTAL** \$ _____

 1. Select Size: Two (2) 6' W x 3' H carpet overlays

 WEB BANNER ADVERTISING (Material Deadline: ASAP for Best Exposure) **TOTAL** \$ _____

1. Indicate Ad Position:

 Exhibitor List Index (120 W x 240 H px): Position 1 Position 2 Position 3 Position 4

 Floor Plan (205 W x 60 H px- overview page): Position 1 Position 2 Position 3

 Registration Page (468 W x 60 H px): Position 1 Position 2

 Attendee Marketing Email Banner Ad (486 W x 60 H px)

 Attendee Registration Confirmation Email Banner Ad (355 W x 90 H px)

 CUSTOM PRODUCT Please describe: _____ **TOTAL** \$ _____

FINAL NET COST \$ _____

FINAL ADVERTISING COST \$ _____

**RETURN COMPLETED
FORM TO SALES**
**Advertising
Authorization**

Name (please print) _____

Title/Position _____

Signature: (required) _____ Date _____

 By checking this box you confirm signing this form.

Sales Contact Information

 Cara Collins, SME | 313-597-1817 | ccollins@sme.org

 Rob Swan, FMA | 905-315-8642 | rswan@fmafmg.org

Internal	Sold By _____
Use:	Association _____
	Date _____
	Package Discount _____
	Net total _____