



**Advertise in the IMAT 2020 Final Program**  
**FINAL PROGRAM ADS ARE DUE: Wednesday, July 22, 2020**

**Artwork Specs for 8.5" x 11" Trim Size**

**Full Page**

Non-Bleed Dimensions: 7"(w) x 10"(h)

Bleed Dimensions: 8 3/4 "(w) x 11 1/4 "(h)

**\*\*Bleed dimensions above are for covers only\*\***

Price: \$1,575.00 USD

Cover Ads: \$2,500.00 USD

**Half Page (Horizontal)**

Non-Bleed Dimensions: 7" (w) x 5" (h)

Price: \$975.00 USD

**Electronic Format:**

- All color ads are in 4-color CMYK
- High-resolution files accepted: .PDF, .EPS or .TIF
- Fonts MUST be embedded
- Bleeds are accepted for cover, inside cover, back cover, and inside back cover ONLY
- Bleeds should be at least 1/8" past the trim
- 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 resolution of 300 dpi

**File Submission:**

- Submit files to [exposales@asminternational.org](mailto:exposales@asminternational.org)
- Files should not require any production work by ASM
- The ASM server does not accept zipped files

**Full Payment due with signed advertising contract!**

Signed advertising contract indicates the applicant's willingness to abide by all terms & conditions and general regulations. The Terms of Cancellation are located in the Terms and Conditions.

**Final Program Advertising Contract**

Exhibiting Company Name: \_\_\_\_\_

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

City/ST/Zip: \_\_\_\_\_

Website: \_\_\_\_\_

**Contact Person for ALL Advertising Correspondence:**

Contact Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Payment Information:**

**Payment in full MUST accompany this application.**

Check Enclosed (payable to ASM International) \$ \_\_\_\_\_

Charge: Credit Card Amount \$ \_\_\_\_\_  
\_\_\_\_ VISA      \_\_\_\_ MasterCard      \_\_\_\_ AMEX

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CSV Code: \_\_\_\_\_

Billing Address Same As Listed Above?  YES

If NO, Full Billing Address: \_\_\_\_\_

Name of Cardholder: (print) \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

*This application should be signed and emailed to [exposales@asminternational.org](mailto:exposales@asminternational.org)*

*To make a payment by mail send to:  
ASM International  
C/O: Events Department  
9639 Kinsman Road  
Materials Park, OH 44073*