



Parent Heart Watch.

THE NATIONAL VOICE
PROTECTING YOUTH FROM SUDDEN CARDIAC ARREST

**ANNUAL NATIONAL HEART TO HEART
PROGRAM AD RESERVATION FORM**

Contact Name _____ Title _____

Organization _____

Phone Number _____ E-mail _____

Address _____

City _____ State _____ Zip _____

Size of Ad (please check box for your selection):

- | | | |
|--------------------------|---|--|
| <input type="checkbox"/> | Full Page Color Display Premium Position
<i>(across from agenda – limited positions available)</i>
<u>Size:</u> Bleed 5.625" W x 8.625" H
No Bleed 4.75" W x 7.75" H | \$750.00 |
| <input type="checkbox"/> | Full Page-Color Display
<u>Size:</u> Bleed 5.625" W x 8.625" H
No Bleed 4.75" W x 7.75" H | \$695.00 |
| <input type="checkbox"/> | Half Page Color Display
<u>Size:</u> 4.75" W x 3.75" H (no bleed) | \$350.00 |
| <input type="checkbox"/> | Quarter Page Color Display
<u>Size:</u> 2.25" W x 3.75" H (no bleed) | \$195.00 |
| <input type="checkbox"/> | Memorial and In Honor Of
<u>Photo Size:</u> 1.25" W x 1.25" H
plus 5 lines of text (see ad specs) | \$100.00 (for PHW Members)
\$150.00 (for non-members) |

Total Amount Due: \$ _____

Return this form to reserve your space by October 20, 2018

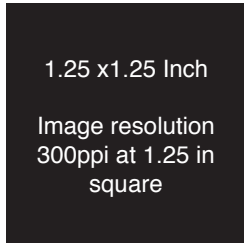
Fax to 888-669-4924 • E-mail to: contact@parentheartwatch.org

Ad Art Specs:

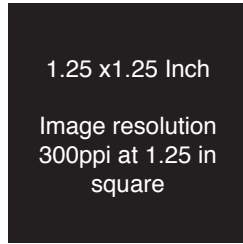
Please provide CMYK, high-resolution, print-ready PDF with fonts embedded or JPEG image to exact ad size at 300ppi.

Art Deadline November 10, 2018

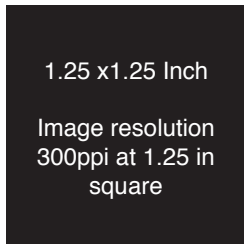
Please make check payable to Parent Heart Watch and mail to:
Parent Heart Watch, 2624 Whitman Drive, Wilmington, DE 19808



line 1 in loving Memory of
line 2 Name Here
line 3 Parsonia umbaculi cormperet
line 4 yrtes suffragarit zothecas
line 5 Ossifragi miere quiuennalis



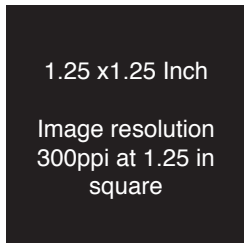
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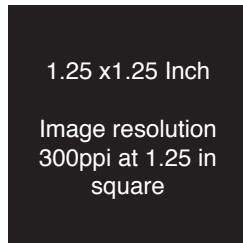
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