



Anti-Aging Medical News

EXHIBITOR LISTING



Apr. 15th -17th , 2010 • Orlando, FL
 Submission Deadline: Hgdt wct { 28, 2032

Company Name: _____ Booth # _____

Use my Exhibitor Listing from the most recent issue (with changes below).

OR

Please use the information from this interactive form.

Address:		City:		St/Prov:	
Zip:		Country (if not U.S.A.):			
Phone:		Website:			
Fax:		E-Mail:			

SAMPLE



1

BOOTH #XXX

COMPANY NAME
 5406 Bolsa Avenue
 Huntington Beach, CA 92649

PHONE: 714-230-3150
FAX: 561-999-1989
WEBSITE: www.enterwebsite.com
EMAIL: none@enteremail.com

Paste Company Description Here. 2

For every exhibit space booked, exhibitors will be entitled to an Exhibitor Listing in the A4M Show Guide section that includes the following:

- **Company Logo** (instructions listed below)
- **Company Information** (information listed above)
- **Company Description** (Use the section below to describe your organization and/or exhibitor's products and services.)

1 Company Logo Submission Guidelines

- Logo must be at least **300 dpi**.
- Logo must be print-ready artwork in **CMYK** color mode.
- Acceptable file types include **EPS, AI, PSD, JPG, or TIFF**.

For further information, contact Leah at **(714) 230-3155** or email us at aamn@mpamedia.com

2 Company Description (35 words max)

Please complete the following form and email back along with items 1 & 2 to aamn@mpamedia.com

Publisher: Tel: (714) 230-3150 • Fax: (714) 899-4273 • Email: aamn@mpamedia.com

MPA Media • 5406 Bolsa Avenue • Huntington Beach, CA 92649

Conference & Exhibition Management Office: Tel: (561) 997-0112 Fax: (561) 997-0287 Email: sales@worldhealth.net

American Academy of Anti-Aging Medicine • 301 Yamato Rd Suite # 2199 • Boca Raton, FL 33431 USA



Anti-Aging Medical News

BUYERS' GUIDE LISTING



Apr. 15th -17th, 2010 • Orlando, FL
Submission Deadline: February 26, 2010

Company:				BOOTH #	
Address:		City:		St/Prov:	
Zip:		Country (if not U.S.A.)			
Phone:		E-Mail:			
Fax:		Website:			

Basic Listing:

- First category at no charge
- Additional Categories \$65 each

BASIC LISTING SAMPLE

Company Name
5406 Bolsa Ave (714) 230-3150
Huntington Beach, CA 92649 www.mpamedia.com.com
USA

OR

Premium Listing: (see Pg 2)

- First category \$200
- Additional Categories \$135 each

PREMIUM LISTING SAMPLE

Company Name
Address
City, State/Province
Postal Code
Country (if not in USA)

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ex ex er augait, quat acillaore del
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Phone Number
www.website.com
Please see Ad on page ###

Please select your categories:

<p>B <input type="checkbox"/> Aesthetic Medical Treatments</p> <p><input type="checkbox"/> Alternative Therapies</p> <p><input type="checkbox"/> Associations/Education</p> <p><input type="checkbox"/> Compounding Pharmacies</p> <p><input type="checkbox"/> Computers/EMR</p> <p><input type="checkbox"/> Cosmeceuticals</p> <p><input type="checkbox"/> Dental</p> <p><input type="checkbox"/> Dermatology</p>	<p>B <input type="checkbox"/> Diagnostic Service/Laboratories</p> <p><input type="checkbox"/> Hair Rejuvenation</p> <p><input type="checkbox"/> Holistic Medicines</p> <p><input type="checkbox"/> Hyperbaric/Oxygen Therapies</p> <p><input type="checkbox"/> Insurance/Finance/Practice Management/Marketing</p> <p><input type="checkbox"/> Med Spa/Equipment</p> <p><input type="checkbox"/> Medical Equipment/Supplies</p>	<p>B <input type="checkbox"/> Medical Publications/Directories</p> <p><input type="checkbox"/> Mesotherapy/Hormone Therapies</p> <p><input type="checkbox"/> Misc</p> <p><input type="checkbox"/> Nutraceuticals</p> <p><input type="checkbox"/> Pharmaceuticals</p> <p><input type="checkbox"/> Sports/Fitness/Physical Therapies</p> <p><input type="checkbox"/> Stem Cell Therapies</p> <p><input type="checkbox"/> Weight Management</p>
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TOTAL PURCHASE: \$

Credit Card #:	CID#:	Exp Date:
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Signature: _____

Date _____

Please complete the following form and email with ad copy files back to aamn@mpamedia.com

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BUYERS' GUIDE PREMIUM LISTING

Apr. 15th -16th , 2010 • Orlando, FL
Submission Deadline: February 26, 2010

Company Name: _____ **Booth #** _____

1 Product Photo Submission Guidelines (For Premium Use Only)

- Logo must be at least **300 dpi**.
- Logo must be print-ready artwork in **CMYK** color mode.
- Acceptable file types include **EPS, AI, PSD, JPG, or TIFF**.

For further information, contact Leah at **(714) 230-3155** or email us at aamn@mpamedia.com

2 Description (For Premium Use Only) *50 words max*

Please complete the following form and email with ad copy files back to aamn@mpamedia.com

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