

**Advertising Application**

June 7, 2024 | 8:00am-3:30pm  
Kean University | Union, New Jersey

[**www.njcie.org/exhibiting-and-advertising**](http://www.njcie.org/exhibiting-and-advertising)

**Send application to:** [samantha@njcie.org](mailto:samantha@njcie.org)

**Deadline:** May 1, 2024 is the last day to purchase or submit ads

**Advertisements are placed in our conference program booklet, which is distributed to all attendees.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Name** |  | | |
| **Contact First and Last Name** |  | | |
| **Address** |  | | |
| **City/State/Zip** |  | | |
| **Phone** |  | **Email** |  |
| **Website** |  | | |
|  | | | |

**FEES:** (Select advertisement size below)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Quarter-Page Ad** | $300 |  | **Half-Page Ad** | $500 |  | **Full-Page Ad** | $1,000 |

**PAYMENT:** (Please indicate your payment method)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | CREDIT CARD # |  | | | | AMOUNT |  | |  | MASTERCARD | | |  | VISA | | |
|  | NAME |  | | | EXP. DATE | | |  | | | CVV # |  | | |
|  | BILLING ADDRESS |  | | | | | | | | | | | | | |
|  | CHECK # |  | AMOUNT |  | | | | | | | | | | |

**Returning the completed application:**

1. **EMAIL the form to:** [Samantha@njcie.org](mailto:Samantha@njcie.org)
2. **MAIL and address any checks to:**

NJCIE

229 Main Street #1340

Little Falls, NJ 07424

1. **Once application is completed, you will be emailed instructions on how to submit your ad.**