



Digital Advertising Application

Contact Information

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Website: _____

Primary Contact's Name: _____

Phone: _____ Email: _____

General Advertising

Obesity Medicine e-Weekly Ad

- One week (\$500) Four weeks (\$1,900)
- 13 weeks (\$5,850) 26 weeks (\$10,400)
- One year (\$18,200)

Date(s): _____

General Announcement e-Postcard Ad (\$1,000)

Date(s): _____

Obesity Algorithm® Web Page Sidebar Ad (\$2,000)

- Q1 Q2 Q3 Q4

Obesity Medicine Academy Homepage Text Ad (\$2,500)

- Q1 Q2 Q3 Q4

Conference-related Advertising

Registered Attendee e-Postcard Ad (\$500)

Date(s): _____

Non-registered Clinician e-Postcard Ad (\$500)

Date(s): _____

Mobile App Banner Ad (\$750 per day)

Date(s): _____

Featured Exhibitors Scrolling Banner (\$1,500)

Date(s): _____

Conference Website (\$2,000)

- Spring Fall

Payment Information

Payment amount: \$ _____

Card Number: _____ Exp. Date: ____/____/____

OR Check enclosed, made payable to "OMA"

By signing below, I have read and agreed to the exhibitor rules and regulations, antitrust guidelines, and terms and conditions available at www.obesitymedicineprospectus.org.

Signature: _____ Date: _____

Complete this form and return it to the Obesity Medicine Association.

MAIL: 101 University Blvd. Ste. 330 Denver, CO 80206 | **FAX:** 303.779.4834 | **EMAIL:** info@obesitymedicine.org