

MS&T19

MATERIALS SCIENCE & TECHNOLOGY

29 September–3 October 2019

Oregon Convention Center

Portland, OR, USA

Organized by: ACerS (The American Ceramic Society) • AIST (Association for Iron & Steel Technology)
ASM (ASM International) • TMS (The Minerals, Metals & Materials Society)

Advertise in the MS&T 2019 Final Program

FINAL PROGRAM ADS ARE DUE: Wednesday, 31 July 2019

Artwork Specs for Trim Size:

8.5 (w) x 11 (h) in. [21.6 (w) x 27.9 (h) cm]

Cover/Full Page

Non-Bleed Dimensions: 7 x 10 in. (17.8 x 25.4 cm)

Bleed Dimensions: 8.75 x 11.25 in. (22.2 x 28.6 cm)

Full Page Price: \$1,550.00 USD

Cover Price: \$2,500.00 USD

Bleed dimensions above are for covers only

Half Page

Non-Bleed Dimensions: 7 x 5 in. (17.8 x 12.7 cm)

Half Page Price: \$1,050.00 USD

Custom Advertising:

_____ \$ _____

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: mary@corcexpo.com
- Files should not require any production work
- MS&T server does not accept zipped files

For questions regarding advertising opportunities, please contact your MS&T Sales Representative today!

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 MS&T19, c/o AIST) \$ _____

Charge: Credit Card Amount \$ _____

____ VISA ____ MasterCard ____ AMEX ____ Discover

Credit Card Number: _____

Expiration Date: _____

Authorized Signature: _____

Name of Cardholder: (print) _____

Checks should be made payable to MS&T19, c/o AIST

Send complete signed order form and payment to:

MS&T, c/o AIST

186 Thorn Hill Road

Warrendale, PA 15086

Phone: 724.814.3000

Fax: 724.814.3001

email: sales@aist.org

Additional advertising opportunities provide more brand exposure!

For more information, contact

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