

CATEGORIES

1 SELECT ONE

1. Advertising Specialty Items
2. Annual Report
3. Billboard/Outdoor Advertising
 - 3a. Single Entry
 - 3b. Series (3+ pieces)
4. Blogs
5. Brochure Advertising
 - 5a. Single Entry
 - 5b. Series (3+ pieces)
6. Direct Mail Advertising
 - 6a. Single Entry
 - 6b. Series (3+ pieces)
7. E-newsletter
 - 7a. Single Entry
 - 7b. Series (3+ pieces)
8. Flyer
 - 8a. Single Entry
 - 8b. Series (3+ pieces)
9. Invitations
10. Logo Design
11. Magazine Ad Design
 - 11a. Single Entry
 - 11b. Series (3+ pieces)
12. Mobile Apps
13. Newsletter
 - 13a. Single Entry
 - 13b. Series (3+ pieces)
14. Newspaper Advertising
 - 14a. Single Entry
 - 14b. Series (3+ pieces)
15. Online Advertising
 - 15a. Single Entry
 - 15b. Series (3+ pieces)
16. Patient Education
 - 16a. Single Entry
 - 16b. Series (3+ pieces)
17. Patient Handbook
18. Physician Referral
 - 18a. Single Entry
 - 18b. Series (3+ pieces)
19. Pocket Folder
20. Poster/Displays
 - 20a. Single Entry
 - 20b. Series (3+ pieces)
21. Publication
 - 21a. Single Entry
 - 21b. Series (3+ pieces)
22. Radio Advertising
 - 22a. Single Entry
 - 22b. Series (3+ pieces)
23. Service Line Specific (Series)
 - 23a. Joint Replacement
 - 23b. Spine Services
 - 23c. Sports Medicine
 - 23d. Electrodiagnostics
 - 23e. Worker's Comp
 - 23f. Orthobiologics
24. Signage - External
 - 24a. Single Entry
 - 24b. Series (3+ pieces)
25. Signage - Internal
 - 25a. Single Entry
 - 25b. Series (3+ pieces)
26. Social Media
 - 26a. Single Entry
 - 26b. Series (3+ pieces)
27. Special Event (Series)
28. Special Video Advertising
 - 28a. Single Entry
 - 28b. Series (3+ pieces)
29. Total Advertising Campaigns
30. TV/Video/PSA Advertising
 - 30a. Single Entry
 - 30b. Series (3+ pieces)
31. Website (URL address)
32. Other/Miscellaneous Material

Orthopedic

ADVERTISING AWARDS

2019 ENTRY FORM

ENTRY NUMBER

For Internal Use Only

- PLEASE COMPLETE ALL EIGHT STEPS!
- Type or print all information clearly.
- Photocopies are allowed. There is no limit of entries

- Enclose two copies of the Entry Form per entry-- One with actual entry and one with payment. One check is acceptable for all entries.

2 Name Of Entry: _____

3 Organization: _____

Contact: _____

Title: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone (Include Area Code): _____

E-mail: (winners will be notified first by e-mail) _____

4 Advertising Agency: _____

Contact: _____

Title: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone (Include Area Code): _____

E-mail: (winners will be notified first by e-mail) _____

5 GROUP (Entry was designed for what type of organization): CHECK ONLY ONE

- | | | |
|--|---|---|
| <input type="checkbox"/> Academic Medical Center | <input type="checkbox"/> Healthcare System | <input type="checkbox"/> Sports Medicine Specific |
| <input type="checkbox"/> Ambulatory Surgery Center | <input type="checkbox"/> Medical Devices/Equipment Co. | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hospital under 149 beds | <input type="checkbox"/> Orthopedic Practice (Less than 10 Providers) | |
| <input type="checkbox"/> Hospital 150 - 399 beds | <input type="checkbox"/> Orthopedic Practice (More than 10 Providers) | |
| <input type="checkbox"/> Hospital over 400 beds | <input type="checkbox"/> Non-Hospital Organization/Assoc. | |

6 AWARDS (If entries win, send awards to): CHECK ONLY ONE

- ORGANIZATION ADVERTISING AGENCY

7 HOW DID YOU HEAR ABOUT THIS PROGRAM? CHECK ALL THAT APPLY

- Direct Mail E-mail I Entered Previously Search Engine Social Media Other

8 PAYMENT OF ENTRY FEES (Total all entries and select form of payment)

Form of Payment:

- Check Enclosed
- Payment Sent Under Separate Cover
- Credit Card (provide credit card information in section to the right.)

Single Entries x \$75 each	\$ _____
Total Ad Campaigns x \$100 each	\$ _____
Series Entries x \$100 each	\$ _____
One Time Late Fee	\$ 25.00
(If Entries Are Postmarked After January 31, 2019)	
TOTAL ENTRY FEES	\$ _____

**SEND ENTRIES TO:
Creative Images, Inc.
"Orthopedic Advertising Awards"
141 Willets Road
Sylva, NC 28779**

(Select Type Of Credit Card)   

CC#: _____

Name on Card: _____

Expiration Date: _____ Security Code (on back): _____