

NEW JERSEY CONVENTION & EXPOSITION CENTER

97 SUNFIELD AVE., EDISON NJ 08837
PHONE (732) 417-1400 FAX (732) 417-1414

ADVERTISING ORDER FROM

General adverting:

General advertising - 2 months (minimum) of indoor advertising at the NJCEC (Main Entrance); printing;
(Optional creation of advertisement)
Event day advertising - Event exposure to people coming into the building for the show (show
off sponsors or specific booths.
(Optional creation of advertisement)

General Advertising: Show Promoter (FRONT ENTRANCE)

\$99.99 per month period \$99.99 X _____ (month) \$ _____
(Needs to be done 1 month before set-up; Limited amount of space available; Content subject to NJCEC management
approval; Installation included; additional month available) (1 advertisements 57 in W X 97 in H)
\$55 Creation (Optional) \$55.00 \$ _____
(Needs to be done 1 month before event; Approval of advertisement before it is printed; logo must be provided by the
company)

General Advertising: Show Vendor/Sponsors (OUTSIDE DOORS)

\$40 per show per door panel \$40.00 X _____ (show) \$ _____
(2 glass panels included at the entrance; Limited amount of space available; Content subject to NJCEC and Show
management approval; Installation included) (27 in W X 36 in H), (27 in W X 26 in H)
\$55 Creation (Optional) \$55.00 \$ _____
(Needs to be done 1 month before event; Approval of advertisement before it is printed; logo must be provided by the
company)

7% NJ Sales Tax; \$ _____

TOTAL COST; \$ _____

*** Full payment is required prior to service (UNLESS negotiated in a contract). Payment may be made by check, money order, or credit card. (Visa, MasterCard, and American Express). All payments made to the New Jersey Convention and Exposition Center, 97 Sunfield Avenue, Edison, NJ 08837- Attn: Advertising/Banner

Payment Information:

Event Name _____ Event Dates _____ Booth # _____

Company Name _____ Representative _____

Credit Card information; AMEX _____ MC _____ Visa _____

Credit Card#: _____ Exp Date: _____

Billing Address: _____
(for cardholder)

City, State, Zip: _____

Cardholder Signature: _____ Phone #: () -

Business Address _____ City, State, Zip _____

Business Telephone () _____ Business Fax () _____

Once payment is received you will be contacted about your advertisement