

EARLY DEADLINE: FEBRUARY 27, 2010 • LATE DEADLINE: MARCH 15, 2010

1 CATEGORY

Select One Per Entry

1. Annual Report
2. Advertising Specialty
(Hats, Shirts, Pens, Cups, Mouse Pads, etc)
3. Billboard Design
 - 3A. Single Entry
 - 3B. Series (3+ pieces)
4. Brochure Advertising
 - 4A. Folded / Panels
 - 4B. Multiple Pages
 - 4C. Series (3+ pieces)
5. Calendar
6. Direct Mail Piece
 - 6A. Single Entry
 - 6B. Series (3+ pieces)
7. Internal Advertising Campaign
8. Invitations
9. Logo Design/Letterhead
10. Magazine Ad Design
 - 10A. Single Entry
 - 10B. Series (3+ pieces)
11. Magazine Publication
 - 11A. Single Entry
 - 11B. Series (3+ pieces)
12. Newsletter/Internal
 - 12A. Single Entry
 - 12B. Series (3+ pieces)
13. Newsletter/External
 - 13A. Single Entry
 - 13B. Series (3+ pieces)
14. Newspaper Advertising
 - 14A. Single Entry
 - 14B. Special Tabloid
 - 14C. Insertion Piece
 - 14D. Series (3+ pieces)
15. Outdoor Transit
 - 15A. Single Entry
 - 15B. Series (3+ pieces)
16. Patient Education
 - 16B. Series (3+ pieces)
17. Patient Handbook
18. Pharmaceutical Education
 - 18B. Series (3+ pieces)
19. Photo/Illustration
 - 19A. Single Entry
 - 19B. Series (3+ pieces)
20. Physician Directory
21. Physician Referral Program
 - 21A. Single Entry
 - 21B. Series (3+ pieces)
22. Pocket Folder
23. Poster/Displays
 - 23A. Single Entry
 - 23B. Series (3+ pieces)
24. Professional Recruitment
 - 24A. Single Entry
 - 24B. Series (3+ pieces)
25. Publication/Internal
 - 25B. Series (3+ pieces)
26. Publication/External
 - 26A. Single Entry
 - 26B. Series (3+ pieces)
27. Radio Advertising
 - 27A. Single Entry
 - 27B. Series (3+ pieces)
28. Service Line Promotion (Series)
 - 28A. Behavioral Health
 - 28B. Cancer Services
 - 28C. Cardiac/Vascular Svcs.
 - 28D. Children's Services
 - 28E. Emergency Services
 - 28F. Home Health & Hospice
 - 28G. Occupational Health
 - 28H. Orthopedic Services
 - 28I. Physician Relations
 - 28J. Rehab Services
 - 28K. Senior Services
 - 28L. Surgical Services
 - 28M. Women's Services
 - 28N. Other/Misc.
29. Special Events
30. Special Video Production
31. Total Advertising Campaigns
(Includes 3+ pieces)
32. TV/Video Advertising
 - 32A) Single Entry
 - 32B) Series (3+ pieces)
33. Virtual Tours
34. Website (URL address)
35. Other/Miscellaneous Material:
(Special Promotional Materials)

2 Name Of Entry: _____

3 Institution: _____

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 DESIGNED FOR (CHECK ONE):

- | | | |
|--|---|--|
| <input type="checkbox"/> Academic Medical Center | <input type="checkbox"/> Hospital 76 - 149 beds | <input type="checkbox"/> Long Term Care Facility |
| <input type="checkbox"/> Ambulatory Surgery Center | <input type="checkbox"/> Hospital 150 - 299 beds | <input type="checkbox"/> Medical Devices/Equipment Co. |
| <input type="checkbox"/> Children's Hospital | <input type="checkbox"/> Hospital 300 - 499 beds | <input type="checkbox"/> Medical Practice |
| <input type="checkbox"/> Foundation/Fundraising | <input type="checkbox"/> Hospital over 500 beds | <input type="checkbox"/> Pharmaceutical Related Co. |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> Healthcare System | <input type="checkbox"/> Specialty Care Facility |
| <input type="checkbox"/> Hospital under 75 beds | <input type="checkbox"/> HMO/PPO/Managed Care/Insurance | <input type="checkbox"/> Other |

6 AWARDS SHOULD BE SENT TO (CHECK ONE):

- HEALTHCARE ORGANIZATION
 ADVERTISING AGENCY

7 HOW DID YOU HEAR ABOUT THE ASTER AWARDS PROGRAM?

- | | | |
|--|---|--|
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> I Entered Previously | <input type="checkbox"/> Found Your Website
(www.AsterAwards.com) |
| <input type="checkbox"/> SHSMD 2010 CALENDAR | <input type="checkbox"/> E-mail | |

8 PAYMENT

- CHECK ENCLOSED PAYMENT BY CREDIT CARD BELOW SENT UNDER SEPERATE COVER

_____ Single Entries x \$45/each \$ _____

_____ Total Ad Campaigns x \$70/each..... \$ _____

_____ Series Entries x \$70/each \$ _____

_____ One Time Late Fee (If Entries Are Postmarked After Feb. 27, 2010) \$ 25.00

TOTAL (U.S. Funds Only) \$ _____

CREDIT CARD INFORMATION

Check One

 Credit Card#: _____

 Name on card: _____

 Card Billing Address: _____

 Expiration Date: _____ V-Code: _____ Zip Code: _____

Send Entries To: Aster Awards Competition • 141 Willets Road • Sylva, NC 28779

COMPLETE ALL (8) STEPS • Enclose two copies of the Entry Form per entry-- one with actual entry and one with payment. One check is acceptable for all entries. Aster Award entrants agree that all entries may be reprinted non-exclusively in Award Annuals, **Marketing Healthcare Today** magazine, and other promotional materials affiliated with Creative Images, Inc. Entrants hold or will secure the necessary licenses for use of all creative content embodied in any of the entries.