

1 Category (Select Only One By Checking The Box Supplied)

1. Advertising Specialty
(Hats, Shirts, Pens, Cups, Mouse Pads, etc)
2. Annual Report
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. E-Newsletter
8. Internal Campaign (Series)
9. Invitations
10. Logo Design/Letterhead
11. Magazine Ad Design
 - 11a. Single Entry
 - 11b. Series (3+ pieces)
12. Magazine Publication
 - 12a. Single Entry
 - 12b. Series (3+ pieces)
13. Mobile Apps
14. Multilingual Advertising
 - 14a. Single Entry
 - 14b. Series (3+ pieces)
15. Newsletter/Internal
 - 15a. Single Entry
 - 15b. Series (3+ pieces)
16. Newsletter/External
 - 16a. Single Entry
 - 16b. Series (3+ pieces)
17. Newspaper Advertising
 - 17a. Single Entry
 - 17b. Special Tabloid
 - 17c. Insertion Piece
 - 17d. Series (3+ pieces)
18. Outdoor Transit
 - 18a. Single Entry
 - 18b. Series (3+ pieces)
19. Patient Education
 - 19a. Single Entry
 - 19b. Series (3+ pieces)
20. Patient Handbook
21. Pharmaceutical Education
 - 21a. Single Entry
 - 21b. Series (3+ pieces)
22. Photo/Illustration
 - 22a. Single Entry
 - 22b. Series (3+ pieces)
23. Physician Directory
24. Physician Referral Program
 - 24a. Single Entry
 - 24b. Series (3+ pieces)
25. Pocket Folder
26. Poster/Displays
 - 26a. Single Entry
 - 26b. Series (3+ pieces)
27. Professional Recruitment
 - 27a. Single Entry
 - 27b. Series (3+ pieces)
28. Publication/Internal
 - 28a. Single Entry
 - 28b. Series (3+ pieces)
29. Publication/External
 - 29a. Single Entry
 - 29b. Series (3+ pieces)
30. Radio Advertising
 - 30a. Single Entry
 - 30b. Series (3+ pieces)
31. Self Promotion
32. Service Line Promotions (All Are Series)
 - 32a. Bariatric Services
 - 32b. Behavioral Health
 - 32c. Cancer Services
 - 32d. Cardiac/Vascular Svcs.
 - 32e. Children's Services
 - 32f. Emergency Services
 - 32g. Home Health & Hospice
 - 32h. Occupational Health
 - 32i. Orthopedic Services
 - 32j. Physician Relations
 - 32k. Rehab Services
 - 32l. Senior Services
 - 32m. Surgical Services
 - 32n. Women's Services
 - 32o. Other/Misc.
33. Special Events (Series)
34. Special Video Production
35. Total Advertising Campaigns
(Includes 3+ pieces)
36. TV/Video Advertising
 - 36a. Single Entry
 - 36b. Series (3+ pieces)
37. Virtual Tours
38. Website Design (URL address)
39. Website Advertising (Banners, Etc)
40. Other/Miscellaneous Material:
(Special Promotional Materials)

IF YOU HAVE ANY QUESTIONS, CALL (800) 254-6789.

PLEASE COMPLETE ALL (8) 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 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 150 - 299 beds | <input type="checkbox"/> Medical Practice/Physician Group |
| <input type="checkbox"/> Children's Hospital | <input type="checkbox"/> Hospital 300 - 499 beds | <input type="checkbox"/> Non-Hospital Organization/Assoc. |
| <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"/> Healthcare Advertising Agency | <input type="checkbox"/> HMO/PPO/Managed Care/Insurance | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hospital under 75 beds | <input type="checkbox"/> Long Term Care Facility | |
| <input type="checkbox"/> Hospital 76 - 149 beds | <input type="checkbox"/> Medical Devices/Equipment Co. | |

6 Awards (If You Win) Should Be Sent To (Check One Only - Duplicates May Be Ordered):

- 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"/> Search Engine |
| <input type="checkbox"/> SHSMD 2012 CALENDAR | <input type="checkbox"/> E-mail Promotion | <input type="checkbox"/> Trade Magazine |

8 Payment (Select Type of Payment & Calculate Total Entries and Fees)

Form of Payment:

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

| | |
|---|-----------------|
| _____ Single Entries x \$45 each | \$ _____ |
| _____ Total Ad Campaigns x \$70 each | \$ _____ |
| _____ Series Entries x \$70 each | \$ _____ |
| _____ One Time Late Fee | \$ 25.00 |
| (If Entries Are Postmarked After Feb. 29, 2012) | |
| TOTAL ENTRY FEES | \$ _____ |

**SEND ENTRIES TO:
ASTER AWARDS
141 WILLETS RD
SYLVA, NC 28779**

(Select Type Of Credit Card)   

CC#: _____

Name on Card: _____

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