

CATEGORIES

1 SELECT ONE

1. Advertising Specialty
(Hats, Shirts, Pens, Cups, Mouse Pads, etc)
2. Annual Report
3. Billboard Design
 - 3a. Single Entry
 - 3b. Series (3+ pieces)
4. Blogs
5. Brochure Advertising
 - 5a. Folded / Panels
 - 5b. Multiple Pages
 - 5c. Series (3+ pieces)
6. Calendar
7. Crisis Management (Covid-19, etc.)
 - 7a. Single Entry
 - 7b. Series (3+ pieces)
8. Direct Mail Piece
 - 8a. Single Entry
 - 8b. Series (3+ pieces)
9. E-Newsletter
 - 9a. Single Entry
 - 9b. Series (3+ pieces)
10. Flyer
 - 10a. Single Entry
 - 10b. Series (3+ pieces)
11. Internal Campaign (Series)
12. Invitations
13. Logo Design/Letterhead
14. Magazine Ad Design
 - 14a. Single Entry
 - 14b. Series (3+ pieces)
15. Magazine Publication
 - 15a. Single Entry
 - 15b. Series (3+ pieces)
16. Mobile Apps
17. Multilingual Advertising
 - 17a. Single Entry
 - 17b. Series (3+ pieces)
18. Newsletter/Internal
 - 18a. Single Entry
 - 18b. Series (3+ pieces)
19. Newsletter/External
 - 19a. Single Entry
 - 19b. Series (3+ pieces)
20. Newspaper Advertising
 - 20a. Single Entry
 - 20b. Special Tabloid
 - 20c. Insertion Piece
 - 20d. Series (3+ pieces)
21. Outdoor Transit
 - 21a. Single Entry
 - 21b. Series (3+ pieces)
22. Patient Education
 - 22a. Single Entry
 - 22b. Series (3+ pieces)
23. Patient Handbook
24. Pharmaceutical Education
 - 24a. Single Entry
 - 24b. Series (3+ pieces)
25. Photo/Illustration
 - 25a. Single Entry
 - 25b. Series (3+ pieces)
26. Physician Directory
27. Physician Referral Program
 - 27a. Single Entry
 - 27b. Series (3+ pieces)
28. Pocket Folder
29. Poster/Displays
 - 29a. Single Entry
 - 29b. Series (3+ pieces)
30. Professional Recruitment
 - 30a. Single Entry
 - 30b. Series (3+ pieces)
31. Publication/Internal
 - 31a. Single Entry
 - 31b. Series (3+ pieces)
32. Publication/External
 - 32a. Single Entry
 - 32b. Series (3+ pieces)
33. Radio Advertising
 - 33a. Single Entry
 - 33b. Series (3+ pieces)
34. Self Promotion
 - 34a. Single Entry
 - 34b. Series (3+ pieces)
35. Service Line Promotions (All Are Series)
 - 35a. Bariatric Services
 - 35b. Behavioral Health
 - 35c. Cancer Services
 - 35d. Cardiac/Vascular Svcs.
 - 35e. Children's Services
 - 35f. Emergency Services
 - 35g. Home Health & Hospice
 - 35h. Orthopedic Services
 - 35i. Physician Relations
 - 35j. Rehab Services
 - 35k. Senior Services
 - 35l. Surgical Services
 - 35m. Women's Services
 - 35n. Other/Misc.
36. Social Media
 - 36a. Single Entry
 - 36b. Series (3+ pieces)
 - Special Events (Series)
37. Special Video Production
38. Special Video Production
 - 38a. Single Entry
 - 38b. Series (3+ pieces)
39. Telemedicine
 - 39a. Single Entry
 - 39b. Series (3+ pieces)
40. Total Advertising Campaigns (Includes 3+ pieces)
41. TV/Video Advertising
 - 41a. Single Entry
 - 41b. Series (3+ pieces)
42. Virtual Tours
43. Website Design (URL address)
44. Website Advertising (Banners, Etc)
 - 44a. Single Entry
 - 44b. Series (3+ pieces)
45. Other/Miscellaneous Material; (Special Promotional Materials)

24TH ANNUAL
Aster Awards
HONORING EXCELLENCE IN HEALTHCARE ADVERTISING

ENTRY FORM

ENTRY NUMBER

For Internal Use Only

IF YOU HAVE ANY QUESTIONS, CALL (828) 506-1000.

- **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 Devices/Equipment Co. |
| <input type="checkbox"/> Children's Hospital | <input type="checkbox"/> Hospital 300 - 499 beds | <input type="checkbox"/> Medical Practice/Physician Group |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Hospital over 500 beds | <input type="checkbox"/> Non-Hospital Organization/Assoc. |
| <input type="checkbox"/> Foundation/Fundraising | <input type="checkbox"/> Healthcare System | <input type="checkbox"/> Pharmaceutical Industry |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> Healthcare Education | <input type="checkbox"/> Specialty Care Facility |
| <input type="checkbox"/> Healthcare Advertising Agency | <input type="checkbox"/> Managed Care/Insurance | <input type="checkbox"/> Urgent Care/Express Care/Minute Clinics |
| <input type="checkbox"/> Hospital under 75 beds | <input type="checkbox"/> Home Health/Hospice | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hospital 76 - 149 beds | <input type="checkbox"/> Long Term Care Facility | |

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"/> E-mail Promotion | <input type="checkbox"/> Search Engine |
| <input type="checkbox"/> I Entered Previously | <input type="checkbox"/> Social Media | <input type="checkbox"/> Other _____ |

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

Form of Payment:

- CHECK ENCLOSED WITH ENTRY
- SENT SEPARATELY
- CREDIT CARD (PROVIDE CREDIT CARD INFORMATION IN SECTION TO THE RIGHT.)

Single Entries x \$50/each	\$ _____
Total Ad Campaigns x \$75/each	\$ _____
Series Entries x \$75/each	\$ _____
One Time Late Fee.....	\$ 25.00
(If Entries Are Postmarked After Feb. 29, 2025)	
TOTAL (U.S. Funds Only).....	\$ _____

SEND ENTRIES TO:
ASTER AWARDS
627 NAUTILUS DRIVE
MURRELLS INLET, SC 29576

CREDIT CARD INFORMATION



CC#: _____

Name on Card: _____

Expiration Date: _____ Security-Code (3 or 4 digit): _____

Zip Code: _____

FEEL FREE TO CONTACT US AT (828) 506-1000 • EMAIL: INFO@ASTERAWARDS.COM