

# CATEGORIES

## 1 SELECT ONE

1.  Advertising Specialty Items
2.  Annual Report
3.  Billboard Design
  - 3a. Single Entry
  - 3b. Series (3+ pieces)
4.  Blogs
5.  Brochure Advertising
  - 5a. Single Entry
  - 5b. Series (3+ pieces)
6.  Calendar
7.  Direct Mail Piece
  - 7a. Single Entry
  - 7b. Series (3+ pieces)
8.  E-newsletter
  - 8a. Single Entry
  - 8b. Series (3+ pieces)
9.  Flyer
  - 9a. Single Entry
  - 9b. Series (3+ pieces)
10.  Invitations
11.  Logo/Letterhead
12.  Magazine Ad Design
  - 12a. Single Entry
  - 12b. Series (3+ pieces)
13.  Magazine Publication
  - 13a. Single Entry
  - 13b. Series (3+ pieces)
14.  Mobile Apps
15.  Newsletter
  - 15a. Single Entry
  - 15b. Series (3+ pieces)
16.  Newspaper Advertising
  - 16a. Single Entry
  - 16b. Series (3+ pieces)
17.  Outdoor Transit
  - 17a. Single Entry
  - 17b. Series (3+ pieces)
18.  Patient Education
  - 18a. Single Entry
  - 18b. Series (3+ pieces)
19.  Patient Handbook
20.  Physician Referral
  - 20a. Single Entry
  - 20b. Series (3+ pieces)
21.  Pocket Folder
22.  Poster/Displays
  - 22a. Single Entry
  - 22b. Series (3+ pieces)
23.  Publication
  - 23a. Single Entry
  - 23b. Series (3+ pieces)
24.  Radio Advertising
  - 24a. Single Entry
  - 24b. Series (3+ pieces)
25.  Social Media
  - 25a. Single Entry
  - 25b. Series (3+ pieces)
26.  Special Event (Series)
27.  Special Video Advertising
  - 27a. Single Entry
  - 27b. Series (3+ pieces)
28.  Total Advertising Campaigns
29.  TV/Video Advertising
  - 29a. Single Entry
  - 29b. Series (3+ pieces)
30.  Website (URL address)
31.  Website Banner Ads
  - 31a. Single Entry
  - 31b. Series (3+ pieces)
32.  Other/Miscellaneous Material

- 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"/> Hospital 300 - 499 beds          | <input type="checkbox"/> Medical Devices/Equipment Co.    |
| <input type="checkbox"/> Children's Hospital     | <input type="checkbox"/> Hospital over 500 beds           | <input type="checkbox"/> Medical Practice/Physician Group |
| <input type="checkbox"/> Foundation/Fundraising  | <input type="checkbox"/> Healthcare System                | <input type="checkbox"/> Non-Hospital Organization/Assoc. |
| <input type="checkbox"/> Hospital under 149 beds | <input type="checkbox"/> Heart Hospital/Vascular Hospital | <input type="checkbox"/> Pharmaceutical Industry          |
| <input type="checkbox"/> Hospital 150 - 299 beds | <input type="checkbox"/> Managed Care/Insurance           | <input type="checkbox"/> Other _____                      |

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 September 28, 2018) |                 |
| <b>TOTAL ENTRY FEES</b>                              | <b>\$ _____</b> |

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

(Select Type Of Credit Card)



CC#: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code (on back): \_\_\_\_\_