

# 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. 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.  Invitations
12.  Logo/Letterhead
13. Magazine Ad Design
  - 13a. Single Entry
  - 13b. Series (3+ pieces)
14. Magazine Publication
  - 14a. Single Entry
  - 14b. Series (3+ pieces)
15.  Mobile Apps
16. Newsletter
  - 16a. Single Entry
  - 16b. Series (3+ pieces)
17. Newspaper Advertising
  - 17a. Single Entry
  - 17b. 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. Physician Referral
  - 21a. Single Entry
  - 21b. Series (3+ pieces)
22.  Pocket Folder
23. Poster/Displays
  - 23a. Single Entry
  - 23b. Series (3+ pieces)
24. Publication
  - 24a. Single Entry
  - 24b. Series (3+ pieces)
25. Radio Advertising
  - 25a. Single Entry
  - 25b. Series (3+ pieces)
26. Social Media
  - 26a. Single Entry
  - 26b. Series (3+ pieces)
27.  Special Event (Series)
28. Special Video Advertising
  - 28a. Single Entry
  - 28b. Series (3+ pieces)
29. Telemedicine
  - 29a. Single Entry
  - 29b. Series (3+ pieces)
30.  Total Advertising Campaigns
31. TV/Video Advertising
  - 31a. Single Entry
  - 31b. Series (3+ pieces)
32.  Website (URL address)
33. Website Banner Ads
  - 33a. Single Entry
  - 33b. Series (3+ pieces)
34.  Other/Miscellaneous Material

# CardioVascular

ADVERTISING AWARDS

# 2020 ENTRY FORM

ENTRY NUMBER

For Internal Use Only

- 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 October 2, 2020)	
<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): \_\_\_\_\_