CATEGORIES

SELECT ONE

■ Advertising Specialty Items Annual Report 2. Billboard Design ☐ 3a. Single Entry ■ 3b. Series (3+ pieces) ■ Blogs **Brochure Advertising** 5. ☐ 5a. Single Entry ☐ 5b. Series (3+ pieces) □ Calendar Crisis Management (Covid-19, etc) ☐ 7a. Single Entry ☐ 7b. Series (3+ pieces) Direct Mail Piece 8a. Single Entry ☐ 8b. Series (3+ pieces) E-newsletter 9a. Single Entry 9b. Series (3+ pieces) Flyer ☐ 10a. Single Entry ☐ 10b. Series (3+ pieces) Invitations 11. ☐ 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) Outdoor Transit 18a. Single Entry ☐ 18b. Series (3+ pieces) Patient Education 19a. Single Entry 19b. Series (3+ pieces) ☐ Patient Handbook Physician Referral 21a. Single Entry ☐ 21b. Series (3+ pieces) Pocket Folder Poster/Displays 23a. Single Entry 23b. Series (3+ pieces) 24. Publication 24a. Single Entry ☐ 24b. Series (3+ pieces) Radio Advertising 25a. Single Entry ☐ 25b. Series (3+ pieces) Social Media 26a. Single Entry ■ 26b. Series (3+ pieces) ☐ Special Event (Series) Special Video Advertising 28a. Single Entry ■ 28b. Series (3+ pieces) Telemedicine 29a. Single Entry 29b. Series (3+ pieces) ☐ Total Advertising Campaigns TV/Video Advertising 31a. Single Entry 31b. Series (3+ pieces) Website (URL address) Website Banner Ads 33a. Single Entry ☐ 33b. Series (3+ pieces) ☐ 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.

Name Of Entry:		
Contact:		
Title:		
Address:		
City:		
State:	Zip:	
Telephone (Include Ar	ea Code):	
E-mail: (winners will be notif	îed first by e-mail)	
Advertising Agency: _		
Address:		
City:		
State:	Zip:	
Telephone (Include Ar	ea Code):	
E-mail: (winners will be notif	ried first by e-mail)	
	designed for what type of organiza	
 Academic Medical Center Children's Hospital Foundation/Fundraising Hospital under 149 beds Hospital 150 - 299 beds 	 ☐ Hospital 300 - 499 beds ☐ Hospital over 500 beds ☐ Healthcare System ☐ Heart Hospital/Vascular Hospital ☐ Managed Care/Insurance 	 Medical Devices/Equipment Co. Medical Practice/Physician Group Non-Hospital Organization/Assoc. Pharmaceutical Industry Other
☐ ORGANIZATION	win, send awards to): CHECK ONLY ADVERTISING AGENCY AR ABOUT THIS PROGRAM? CHECK	
	il 🔲 I Entered Previously 🚨 Search Engine	
_ Directivali E ilia	— Tentereu Teviousi, — Seuren Engin	e a social media a conte
PAYMENT OF ENTR	Y FEES (Total all entries and select	form of payment)
Form of Payment:		
rom or ayment.	Single Entries x \$75 each	\$
Check Enclosed	Total Ad Campaigns x \$100 e	each \$
Payment Sent Under Separate Cover	Series Entries x \$100 each	\$
Credit Card	One Time Late Fee	\$ 25.00
(provide credit card	(If Entries Are Postmarked After Octo	ober 3, 2025)
information in section to the right.	TOTAL ENTRY	
to the right.	TO THE EITH	, , , , , , , , , , , , , , , , , , ,
SEND ENTRIES TO: Creative Images, Inc. "CardioVascular Advertising Awards"	(Select Type Of Credit Card)	over Card PRINCIPAN CONTRACTOR
627 Nautilus Drive	Name on Card:	
Murrells Inlet, SC 29576	Expiration Date: Security	Code (on back):