



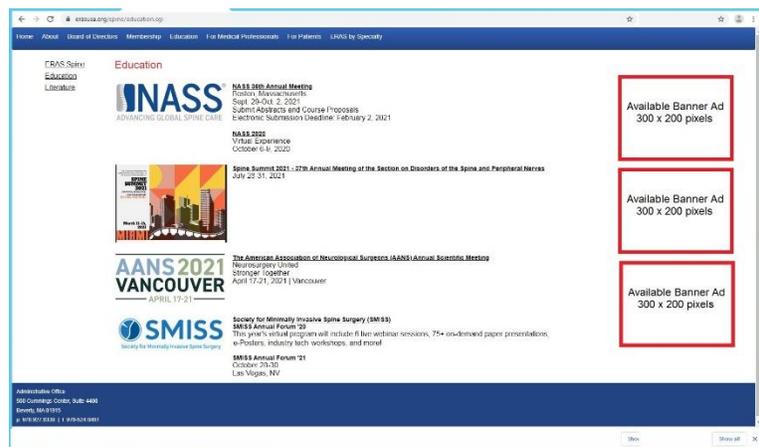
ERAS Web Advertising Specs

ERAS® USA is excited to offer banner advertising on our ERAS Spine Education webpage.

With an immediate reach of 700 healthcare providers, ERAS will be promoting the ERAS Spinal Educational webpage on a monthly basis via email and social media.

ERASUSA.org averages 2,363 unique visitors per month with traffic nearly doubling in the weeks before the annual meeting takes place.

Advertising Fee: \$5000.00 for a duration of 3 months.



Banner ads are sized to 300 x 200 pixels and will link to the advertisers URL of choice.

Ad placement will remain live on www.erasusa.org/spine/education.cgi for a period 3 months.

Please complete the agreement form on page 2 and submit with you banner ad in .png or .jpg format for review and approval. Once approved we will send you an invoice. After the fee is paid your advertisement will be made live immediately.

Please contact industry@erasusa.org for further assistance.



ERAS Web Advertising Specs

Contact: _____ Title: _____

Address: _____ City: _____ State: ____ Country: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

Authorized Signature: _____

3 month digital ad placement 330 x 200 pixels in jpg or png format

PREFERRED TIMING OF AD PLACEMENT:

START DATE: _____ END DATE: _____

PAYMENT METHOD: Please indicate which method of payment below. Note that as part of our compliance we can no longer accept credit card numbers via e-mail. This policy is designed to increase data security for cardholders and merchants. Emails received containing credit card information will be blocked. Either fax the completed form with full credit card information to our Secure Fax: + 978.524.0461.

Or Email the form to industry@erasusa.org with the best phone number to call to complete a credit card payment.

WIRE TRANSFER (Wiring information will be sent by email per request)

Check Amount enclosed: \$ _____

Credit Card. This form must be faxed if credit card number is showing. DO NOT EMAIL.

American Express MasterCard Visa Amount to be charged: \$ _____

Credit Card Number _____

Expiration Date _____ Security Code _____
(3-4 numbers on front or back of card)

Name as it appears on credit card _____

Cardholder's Signature _____

If billing address differs from above please provide billing address:
