

CATEGORIES

1. Annual Report
2. Advertising Specialty Items
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. Clothing
8. Crisis Management (Covid-19, etc)
 - 8a. Single Entry
 - 8b. Series (3+ pieces)
9. Direct Mail Piece
 - 9a. Single Entry
 - 9b. Series (3+ pieces)
10. E-newsletter
 - 10a. Single Entry
 - 10b. Series (3+ pieces)
11. Flyer
 - 11a. Single Entry
 - 11b. Series (3+ pieces)
12. Fundraiser Materials (Series)
13. Invitations
14. Logo/Letterhead
15. Magazine Ad Design
 - 15a. Single Entry
 - 15b. Series (3+ pieces)
16. Magazine Publication
 - 16a. Single Entry
 - 16b. Series (3+ pieces)
17. Mobile Apps
18. Newsletter
 - 18a. Single Entry
 - 18b. Series (3+ pieces)
19. Newspaper Advertising
 - 19a. Single Entry
 - 19b. Series (3+ pieces)
20. Outdoor Transit
 - 20a. Single Entry
 - 20b. Series (3+ pieces)
21. Patient Education
 - 21a. Single Entry
 - 21b. Series (3+ pieces)
22. Patient Handbook
23. Physician Referral
 - 23a. Single Entry
 - 23b. Series (3+ pieces)
24. Pink Ribbon Campaign
25. Pocket Folder
26. Poster/Displays
 - 26a. Single Entry
 - 26b. Series (3+ pieces)
27. Publication
 - 27a. Single Entry
 - 27b. Series (3+ pieces)
28. Radio Advertising
 - 28a. Single Entry
 - 28b. Series (3+ pieces)
29. Retail Products
30. Social Media
 - 30a. Single Entry
 - 30b. Series (3+ pieces)
31. Special Event (Series)
32. Special Video Advertising
 - 32a. Single Entry
 - 32b. Series (3+ pieces)
33. Telemedicine
 - 33a. Single Entry
 - 33b. Series (3+ pieces)
34. Total Advertising Campaigns
35. TV/Video Advertising
 - 35a. Single Entry
 - 35b. Series (3+ pieces)
36. Website (URL address)
37. Website Banner Ads
38. Other/Miscellaneous Material



2020 ENTRY FORM

ENTRY NUMBER
For Internal Use Only

- PLEASE COMPLETE ALL (7) 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.

1 Name Of Entry: _____

2 Organization: _____

Contact: _____

Title: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone (Include Area Code): _____

E-mail: (winners will be notified first by e-mail) _____

3 Advertising Agency: _____

Contact: _____

Title: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone (Include Area Code): _____

E-mail: (winners will be notified first by e-mail) _____

4 GROUP (Entry was designed for what type of organization): CHECK ONLY ONE

- | | | |
|--|--|--|
| <input type="checkbox"/> Academic Medical Center | <input type="checkbox"/> Cancer Hospital | <input type="checkbox"/> Children's Hospital |
| <input type="checkbox"/> Foundation/Fundraising | <input type="checkbox"/> Hospital under 149 beds | <input type="checkbox"/> Hospital 150 - 299 beds |
| <input type="checkbox"/> Hospital 300 - 499 beds | <input type="checkbox"/> Hospital over 500 beds | <input type="checkbox"/> Healthcare System |
| <input type="checkbox"/> Medical Devices/Equipment | <input type="checkbox"/> Medical Practice (Non-Hospital) | <input type="checkbox"/> Non-Profit |
| <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Retail | <input type="checkbox"/> OTHER _____ |

5 AWARDS (If entries win, send awards to): CHECK ONLY ONE

- ORGANIZATION ADVERTISING AGENCY

6 HOW DID YOU HEAR ABOUT THIS PROGRAM? CHECK ALL THAT APPLY

- Direct Mail E-mail Website (www.CAAwards.com) Search Engine Other

7 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 Oct. 30, 2020)	
TOTAL ENTRY FEES	\$ _____

**SEND ENTRIES TO:
CAA AWARDS
1202 Belle Point Dr.
Mt. Pleasant, SC 29464**

(Select Type Of Credit Card)

CC#: _____

Name on Card: _____

Expiration Date: _____ Security Code (on back): _____