

# 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



# 2024 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 Nov. 8, 2024)	
<b>TOTAL ENTRY FEES</b>	<b>\$ _____</b>

**SEND ENTRIES TO:  
 CAA AWARDS  
 627 Nautilus Drive  
 Murrells Inlet, SC 29576**

(Select Type Of Credit Card)

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

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

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