

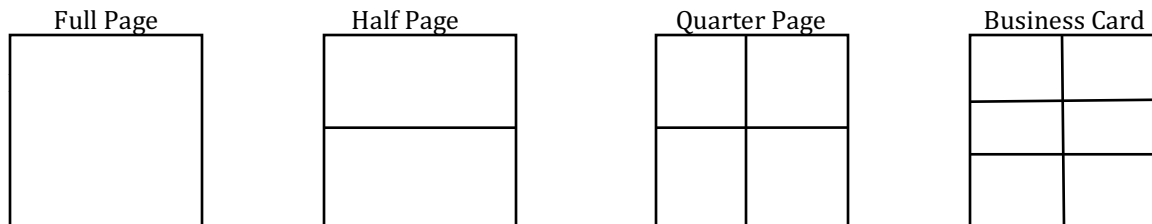
*Los Angeles*  
**2019 Spectrum International Beauty Expo**  
**“Journey to Success”**  
 February 24-25, 2019

**ADVERTISEMENT OPPORTUNITY**

*Spectrum International Beauty Expo* is extending the opportunity to advertise in the **2019 SIBE Show Study Guide** and the **expo website**. Advertisement has proven to be successful and can be used to showcase your product or company, to feature show deals that are available during the expo, to announce upcoming beauty related events, or even to display the work of a professional stylist, barber or student. Advertisement also provides an excellent approach of attracting expo attendees to your exhibit booth or classroom. **The 2019 SIBE Show Study Guide** will be distributed across the United States and Canada to over 10,000 true industry professionals and students and will also be available via the internet and other media sources to an even greater number. Exhibitors now have the opportunity to display their company banners around the perimeter of the exhibition hall where it can be viewed by all expo attendees.

**The following advertisement opportunities are available**

Outside Back Cover	1500.00	Half Page	500.00
Inside Back Cover	1200.00	Quarter Page	300.00
Full Page	1000.00	Business Card	100.00
Banner Display	500.00		



**WEBSITE ADVERTISING IS A FLAT RATE OF 500.00**

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**Please include credit card information or a check or money order made out to Spectrum International Beauty Expo (SIBE) for full payment to advertise in the 2019 SIBE Show Study Guide or the expo website. Return this form with payment to SIBE, P.O. Box 3066, Lakewood, CA 90711-3066. Your print ready ad should be submitted on or before December 15, 2018.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contac Person \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Amount Enclosed \_\_\_\_\_ Method of payment \_\_\_\_\_

Visa/MC # \_\_\_\_\_ Expirations Date \_\_\_\_\_

Authorized Name \_\_\_\_\_ Billing Zip Code \_\_\_\_\_ 3 Digit Code \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please make a copy of this form for your records**