



ACPM | ACARR

The Association of Canadian Pension Management
L'Association canadienne des administrateurs de régimes de retraite

eBLAST

The ACPM *eBlast Program* is a service that allows ACPM members to deliver a customized electronic message to thousands of industry professionals across the country. **Our database includes plan sponsors, administrators, trustees, service providers, HR professionals and associations.**

ABOUT ACPM

ACPM is the leading advocate for plan sponsors and administrators in the pursuit of a balanced, effective and sustainable retirement income system in Canada. We represent plan sponsors, administrators, trustees and service providers and our membership represents over 400 companies and retirement income plans that cover millions of plan members.

REQUIREMENTS and RESTRICTIONS

- 1 a. HTML code - supplied as a separate file OR
b. Client supplies the following:
 - (i) Images: PNG, JPG, GIF
 - (ii) Text
 - (iii) Any URL links.
- 2 All content must be supplied at least five working days prior to fulfillment.
- 3 Maximum of one eBlast per Client per two week period; flexible dependent on other bookings.
- 4 Limited number of eBlast slots available – your timeslot is based on the timing of your order.
- 5 No blackout periods - your eBlast can be sent any day, any time.
- 6 Advertiser and ad content is subject to approval and at the discretion of ACPM.

PROCESS

- 1 Client submits
 - a. HTML code OR
 - b. images, text and links to ACPM.
- 2 ACPM designs the eBlast and sends to Client for approval.
- 3 eBlast is scheduled for delivery.

TO ORDER:

See “ACPM eBlast Order Form”
or contact Judy Lei - judy.lei@acpm.com

2020 RATES

Per occurrence; does not include applicable taxes

ACPM Executive Members		
2x		Over 2x
Complimentary (per calendar year)		125
ACPM Plan Sponsor, Administrator and Trustee Members		
1x	3x	6x
175	150	125
ACPM Individual Members		
1x	3x	6x
250	225	200

ACPM eBLAST ORDER FORM

Please check one category only.

ACPM Executive Member Organization: _____

Contact Person: _____

ACPM Plan Sponsor, Administrator or Trustee Members

Name: _____ Member No. _____

ACPM Individual Member

Name _____ Member No. _____

NUMBER OF EMAILS: _____

PREFERRED DATE AND MONTH

1. _____	7. _____
2. _____	8. _____
3. _____	9. _____
4. _____	10. _____
5. _____	11. _____
6. _____	12. _____

PAYMENT

Invoice OR Charge to: VISA MasterCard American Express

Card Number: _____ Exp. Date: _____

Signature: _____ HST/GST#R105194245, QST#1210404704

Please email this Form to:

judy.lei@acpm.com

Note: All orders are final.

**FOR ASSISTANCE, PLEASE CONTACT:
JUDY LEI, MANAGER, OPERATIONS AND PROGRAMS
416-964-1260, EXT. 224**



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