

# AHCAP NOTATIONS E-MAGAZINE ADVERTISING CONTRACT

Advertiser: \_\_\_\_\_

Agency/Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

## NOTATIONS ADVERTISING

E-MAGAZINE RATES (Quarterly Publication)	QUARTER PAGE 3.625" x 5"	HALF PAGE 7.5" x 5" (Horizontal)	FULL PAGE 7.75" x 10"
NON-MEMBER RATE PER ISSUE	<input type="checkbox"/> \$300	<input type="checkbox"/> \$500	<input type="checkbox"/> \$800
MEMBER RATE PER ISSUE	<input type="checkbox"/> \$255	<input type="checkbox"/> \$425	<input type="checkbox"/> \$680

Ad to be placed in (check one or more issues):  Fall  Winter  Spring  Summer

## AHCAP ADVERTISING POLICIES

Print-ready ads and full payment must be received by the 20<sup>th</sup> of the month before online placement can occur. All ads should be high-resolution JPEG, GIF or PDF files (600 dpi or higher). **Send Contract and all art files to Linda Nalley at [lnalley@hqtrs.com](mailto:lnalley@hqtrs.com)**

*AHCAP assumes no liability whatsoever, except of a one-time advertisement of the same specification, in the next or similar webpage, if any proved or admitted errors or omissions have occurred. Revisions to previously submitted ad copy are subject to additional charges.*

## PAYMENT

Advertisers must pay with submission of signed contract. Please sign and fax to (502) 589.3602 or email [lnalley@hqtrs.com](mailto:lnalley@hqtrs.com).

Check Enclosed (Made Payable to AHCAP)  AMEX  Discover  MasterCard  Visa

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ Security Code: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

*I agree to all the terms of the advertising rate sheet and this contract as applicable for my company.*

## CONTACT

Linda Nalley, Accounting Clerk and Registration Specialist  
Association for Healthcare Administrative Professionals  
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