

AHCAP WEB BANNER ADVERTISING CONTRACT

Advertiser: _____

Agency/Company: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

E-mail: _____

ONLINE ADVERTISING:

Home Page Ad (static web banner image with link)

- 246 x 160 pixels
- \$1,750 Annually / \$300 Monthly

Circle month(s) purchasing for placement:

January	February	March
April	May	June
July	August	September
October	November	December

AHCAP ADVERTISING POLICIES

Ads and payment must be received by the 20th of the month prior to online placement. All ads should be high-resolution JPEG, GIF, or PDF files (600 dpi or higher). **Send Contract and all ad information to Lorraine Houghton at lhoughton@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. Payment is due during the production of the specific issue. Revisions to previously submitted ad copy are subject to additional charges.

PAYMENT

All advertisers must pay with submission of signed contract. Please sign and fax to (502) 589.3602 or email lhoughton@hqtrs.com.

AMEX MasterCard Visa

Card Number: _____ Expiration: _____ Security Code: _____

Authorized Signature: _____

Title: _____ Date: _____

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

CONTACT

Lorraine Houghton, AHCAP Sponsorship and Advertising Sales Director
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ASSOCIATION for
HEALTHCARE
ADMINISTRATIVE
PROFESSIONALS