

2010 Colorado Health Care Association Membership & Resource Directory

-- ADVERTISING CONTRACT --

Resource Directory 2010 –Deadline for ad submission is: October 30, 2009 <i>All dimensions reflect finished image size</i>	If Ad & Payment Received	
	By Oct 16	After Oct 16
Facility HALF (1/2) Page (Ad Size: 3.5" x 4.5")	\$100.00	\$150.00
Facility FULL Page (Ad Size: 4.5" x 7")	\$200.00	\$250.00
Platinum Associate FULL Page Upgrade (AD Size: 4.5" x 7")	\$325.00	\$350.00
Platinum Associate FULL Page Tab Upgrade (AD Size: 4.5" x 7")	\$550.00	\$600.00
Silver Associate HALF (1/2) Page (Ad Size: 3.5" x 4.5")	\$450.00	\$500.00
Silver Associate FULL Page (AD Size: 4.5" x 7")	\$750.00	\$800.00
Silver Associate Tab Page (AD Size: 4.5" x 7")	\$875.00	\$950.00
Inside Front/Inside Back FULL Page (AD Size: 4.5" x 7")	\$950.00	\$1000.00
Outside Back Cover/Color FULL Page (AD Size: 4.5" x 7")	\$1150.00	\$1250.00
Artwork Preference (check one): (Must be submitted as print quality, hi-res .jpg or .pdf)		
<input type="radio"/> Repeat last year advertisement <input type="radio"/> Camera-ready sized advertisement enclosed <input type="checkbox"/> Hard Copy <input type="checkbox"/> Disk		

CATEGORY OF PRODUCTS OR SERVICE:

- | | | |
|--|---|--|
| <input type="checkbox"/> Apparel/Footwear/Uniforms
<input type="checkbox"/> Architects/Construction/Renovations
<input type="checkbox"/> Banks
<input type="checkbox"/> Billing/Collection
<input type="checkbox"/> Computers/Communications Systems
<input type="checkbox"/> Consultant Services
<input type="checkbox"/> Dental/Optical Services
<input type="checkbox"/> Diagnostic Services/X-Ray Services
<input type="checkbox"/> Education/In-Service
<input type="checkbox"/> Energy/Environmental/Pest Control
<input type="checkbox"/> Equipment Sales & Leasing
<input type="checkbox"/> Transportation Services/Sales | <input type="checkbox"/> Financial Services, Including CPAs
<input type="checkbox"/> Fire Protection
<input type="checkbox"/> Food/Beverage/Nutrition
<input type="checkbox"/> Furniture/Interior Design
<input type="checkbox"/> Group Purchasing
<input type="checkbox"/> Health Care Facilities
<input type="checkbox"/> Housekeeping/Laundry
<input type="checkbox"/> Incontinent Products
<input type="checkbox"/> Insurance
<input type="checkbox"/> Laboratories
<input type="checkbox"/> Legal Services
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Marketing
<input type="checkbox"/> Mental Health Services
<input type="checkbox"/> Paper Supplies
<input type="checkbox"/> Pharmaceutical/Medical and Supplies
<input type="checkbox"/> Real Estate Appraisals, Sales and Acquisitions
<input type="checkbox"/> Rehabilitation/Therapy
<input type="checkbox"/> Safety/Security Systems
<input type="checkbox"/> Skin Care/Hair Care
<input type="checkbox"/> Management Services |
|--|---|--|

CONTACT PERSON:

Contact Person: _____
 Company Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____ Fax: _____ Email: _____

PAYMENT INSTRUCTIONS:

You may pay either by ___ check, ___ credit card or ___ invoice. If paying with a credit card, please complete the following:

American Express MasterCard Visa Invoice Me
 Credit Card No: _____ Expiration Date: _____
 Name As It Appears on Card: _____
 Authorized Signature: _____

Return this completed contract and payment to **Brent Hill**, Director of Finance, Colorado Health Care Association, 225 E. 16th Ave. Suite 1100, Denver, CO 80203 Fax: 303-839-8068 Submit ads to **David Skipper** at the same address above. **QUESTIONS?** Contact **David Skipper** (303)861-8228.