

National Association of Rural Health Clinics Advertising Opportunities

Email advertisement copy to rdavis@narhc.org as JPGs or PDFs.

Date _____

WEBSITE ADS:

	<u>Quarterly Rate</u>	<u>Annual Rate</u>
Rotating Toolbar Ad:	\$2500	_____
Consultants & Vendors Page Ad:	\$250 _____	\$900 _____
Additional lines (each)	\$100 x _____ <small># lines</small>	\$100 x _____ <small># lines</small>

NEWSLETTER ADS:

Quarter page 4-color ad (6-1/2 x 2" banner)	\$250 _____	\$750 _____
Half page 4-color ad (6-1/2 x 4-1/4")	\$500 _____	\$1500 _____
Full page 4-color ad (6-1/2 x 9")	\$1000 _____	\$3000 _____

Choose Quarterly *or* Annual Payment **Qtrly Total** _____ **Annual Total** _____

PAYMENT METHOD: Check Credit Card *Visa or MasterCard Only! (Sorry, not American Express or Discover)*

Credit Card Number: _____

Expiration Date: _____ Total Amount Paying: _____

Name on Card: _____

Card Billing Address: _____ City _____ St _____ Zip _____

Make checks payable to "NARHC". Mail to: **NARHC, 2 E. Main St., Fremont, MI 49412**
 Phone 866-306-1961 • FAX 866-311-9606 • Email: rdavis@narhc.org


