National Association of Rural Health Clinics
Advertising Opportunities

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

Date_____

WEBSITE ADS:		**Annual Rate**	
Website Premier Advertiser: (includes ad on Consultants & Vendor Pg)		$2500	_____
Consultants & Vendors Page Ad: (if you start mid-year we'll prorate)		$900	_____
Additional lines (each)	Number of lines_____ x	$200	_____

NEWSLETTER ADS:	**Quarterly Rate**		**Annual Rate**	
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: _____ CVV Code_____ 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: **contact@narhc.org**

Please SAVE to your computer, then forward back via email, fax, or print & mail.
Advertisements must be paid in advance. Thank you!