

NYSHFA / NYSCAL ADVERTISING RATE SHEET

NYSHFA/NYSCAL News

Display & Business Card Ads

Rates are for black and white, camera-ready ads only. For color – add \$50 per ad. Any and all production work is the responsibility of the advertiser.

Non-members add 30% to all rates.

Classified Ads

For NYSHFA Facility-based and Associate Members Only. Ads appear as a listing only and do not allow for artwork of any kind.

Display & Business Card Ads			
Size/Measurement (in inches: height x width)	Frequency/# of Issues		
	1x	3x	6x
Full Page 10" h x 7 1/2" w (vertical only)	Cost per issue		
	\$575	\$525	\$500
1/2 Page 5" h x 7 1/2" w (horizontal only)	\$375	\$325	\$300
1/4 Page 5" h x 3 3/4" w (vertical only)	\$275	\$225	\$200
Business Card 2" h x 3 1/2" w (horizontal only)	\$175	\$150	\$125
Classified Ads			
30 words or less: \$50.00			
Each additional word: 50¢ each			

Annual Convention & Trade Show Program

Annual Convention Program

Rates are for black and white, camera-ready ads only. Any and all production work is the responsibility of the advertiser.

See Special Discounts on enclosed Flyer.

Non-members add 30% to all rates.

Annual Convention Program	
Size/Measurement (in inches: height x width)	Single Issue (1x) Rates
Full Page 7 1/4" h x 4 1/2" w (vertical only)	\$475
Half Page 3 3/4" h x 4 1/2" w (horizontal only)	\$375
Business Card 2" h x 3 1/2" w (horizontal only)	\$200

If you choose to advertise, complete the Insertion Order and mail it with your payment. Contact Joanne O'Connor at New York State Health Facilities Association (NYSHFA) at (518) 462-4800 Ext. 23 or joconnor@nyshfa.org to confirm your order.



NYSHFA / NYSCAL ADVERTISING INSERTION ORDER

COMPANY: _____

YOUR NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

Are you: _____ Facility-based Member _____ Associate Member _____ Non-Member

NYSHFA News Display & Business Card Ads

Reference current rate sheet. Non-members add 30%.

Space Ordered:

1) Total # of Issues: _____ 1) \$ _____

Ad Size: Full Page (10" h x 7 1/2" w)

1/2 Page (5" h x 7 1/2" w)

1/4 Page (5" h x 3 3/4" w)

Business Card (2" h x 3 1/2" w)

To run during the month(s) of: _____

2) Second Color (\$50 per issue) 2) \$ _____

Total: \$ _____

Convention Program Ads

Non-members add 30%.

Space Ordered:

Full Page: \$475 (7 1/4" h x 4 1/2" w)

Half Page: \$375 (3 3/4" h x 4 1/2" w)

Business Card: \$200 (2" h x 3 1/2" w)

Total Amount of Order: \$ _____

See Special Discounts on enclosed Flyer.

NYSHFA News Classified Ads

For NYSHFA Facility-based and Associate Members Only

Issue (Month): _____

Total number of words: _____

My classified ad should appear as follows: (please print)

Ad (30 words or less): \$50.00

Each additional word (# _____ x 50¢): \$ _____

Total: \$ _____

Payment Method: Check Enclosed

American Express MasterCard VISA Discover

Credit Card # _____ Exp. Date _____

Credit Card Billing Address _____

Cardholder Name _____

Cardholder Signature _____ Date _____

Any cancellation of/for change in this contract must be submitted in writing 5 days prior to issue closing date. Advertisers failing to meet contracted frequency program will be subject to shortrate. Publisher reserves the right to reject any advertisement for any reason.

My signature, below, will act as authorization to publish advertising in the NYSHFA publication indicated above. I understand that my advertisement will not run until payment is received by NYSHFA.

Signed _____ Title _____ Date: _____

SEND TO: Joanne O'Connor
New York State Health Facilities Association
New York State Center for Assisted Living
33 Elk Street, Suite 300, Albany, NY 12207-1010
Phone: 518-462-4800 Ext. 23 / Fax: 518-426-4051 / Email: joconnor@nyshfa.org