

# 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
<b>Full Page</b> 10" h x 7 1/2" w (vertical only)	<b>Cost per issue</b>		
	\$575	\$525	\$500
<b>1/2 Page</b> 5" h x 7 1/2" w (horizontal only)	\$375	\$325	\$300
<b>1/4 Page</b> 5" h x 3 3/4" w (vertical only)	\$275	\$225	\$200
<b>Business Card</b> 2 " h x 3 1/2" w (horizontal only)	\$175	\$150	\$125
<b>Classified Ads</b>			
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
<b>Full Page</b> 7 1/4" h x 4 1/2" w (vertical only)	\$475
<b>Half Page</b> 3 3/4" h x 4 1/2" w (horizontal only)	\$375
<b>Business Card</b> 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](mailto: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**