



## Illinois Nursing Home Administrators Association

P.O. Box 272, Rochester, IL 62563, \* 708-800-6161 \* Fax: 708-248-8078 \* E-mail: [vwiltsie@inhaa.org](mailto:vwiltsie@inhaa.org) \* Website: [www.inhaa.org](http://www.inhaa.org)

### Advertising Opportunities

#### Website Advertising on [www.inhaa.org](http://www.inhaa.org)

Circulation: More than 8.3K visits per year from long-term care decision makers. Ad Specs: Please submit artwork in JPEG format 800px w x 500px h. We will also provide a direct link to your website with the ad.

\_\_\_ One-month placement on website at the cost of \$200 per month. INHAA will select page placement. Specify months:

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\_\_\_ Twelve-month placement at annual cost of \$1200. INHAA will select page placement. (12-month agreement).

\_\_\_ **INHAA Home page ad placement** at the cost of \$300 per month. Twelve-month placement on home page at annual discounted rate of \$2000. (12-month agreement).

#### Newsletter Advertising (*The Advocate*)

Distribution: INHAA's membership of approximately 400. Content: Regular Updates from CMS, IDPH and HFS; legislative reports; legal issues and employment opportunities. Ad Specs: Business card size – 3 1/2" x 2". Please submit artwork in JPEG format. Deadline for artwork is due the 25th day of the preceding month. The Advocate is emailed to our membership on the 1<sup>st</sup> of each month.

\_\_\_ One-month placement at the cost of \$200 per month. Specify months:

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\_\_\_ Twelve-month placement at annual cost of \$1200. INHAA will select page placement. (12-month agreement).

\_\_\_ **Front Page Ad** at the cost of \$300 per month. Twelve-month placement at annual discounted rate of \$2000. (12-month agreement).

Date: \_\_\_\_\_ Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_ Check enclosed \_\_\_ Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**Payment by check or credit card is due upon receipt of an INHAA invoice. Return this form to: INHAA, P.O. Box 272, Rochester, IL 62563 or fax to 708-248-8078 or email to [vwiltsie@inhaa.org](mailto:vwiltsie@inhaa.org). Thank you!**