

AHP E-Connect Newsletter Display Ad Reservation/ Insertion Order

Advertiser:	Agency:
Contact Name: _____	Contact Name: _____
Company Name: _____	Agency Name: _____
Address: _____	Address: _____
City/State/Zip Code: _____	City/State/Zip Code: _____
Phone: _____	Phone: _____
E-mail: _____	E-mail: _____
Fax: _____	Fax: _____
Web site: _____	Web site: _____

Publication issue(s): Please check all that apply and specify the year

	Issue	Year	Type*		Issue	Year	Type*
<input type="checkbox"/>	December/January			<input type="checkbox"/>	June/July		
<input type="checkbox"/>	February			<input type="checkbox"/>	August		
<input type="checkbox"/>	March/April			<input type="checkbox"/>	September/October		
<input type="checkbox"/>	May			<input type="checkbox"/>	November		

*Type of Display Ad: Billboard or Rectangle

Materials: Artwork must be provided in electronic format via E-mail attachment or CD

Materials provided (media file name): _____

Size: ___ Billboard (336 x 280) ___ Rectangle (220 x 180)

Media format: ___JIF ___JPG

Company name to appear in the newsletter: _____

Company Web site or URL link for ad display: _____

Advertising Frequency ___1x ___4x ___8x Display Rate: _____

(Display specifications and advertising rates are available at the AHP Web site: <http://www.ahp.org/advertise-exhibit/connect.htm>)

Payment

Payment is in U.S. funds only. AHP will invoice advertiser within 30 days after issue date. AHP reserves the right to require payment with the insertion order from advertisers and/or agencies whose accounts are in arrears or who have not established credit with AHP.

Invoices should be sent to: ___ Advertiser ___ Agency

This constitutes a binding contract to reserve space in the AHP E-Connect issue(s) indicated on behalf of the advertiser listed above. The advertiser and advertising agency are responsible for the accuracy and completeness of the information contained in their advertisements. AHP reserves the right to reject advertising for failure to meet AHP standards. AHP will confirm your placement in via E-mail.

Authorized by (please print): _____

Signature: _____ Date: _____
(signature not required if completed online or sent via email)

Return this form along with materials **10 business days prior to issue date** to:
AHP, 313 Park Ave., Suite 400, Falls Church, VA 22046; E-mail: ahp@ahp.org; Fax: 703-532-7170
Questions? Call 703-532-6243 or visit www.ahp.org