

### ADVERTISER INFORMATION

**BILLING CONTACT** (check if Advertiser receives invoice)

\*Company: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
 City/ST/Zip: \_\_\_\_\_ Contact Email: \_\_\_\_\_  
 Main Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ \*Website: **www.** \_\_\_\_\_  
 List information **EXACTLY** as you wish it to appear in the magazine's advertising index.

### AGENCY INFORMATION

**BILLING CONTACT** (check if Agency receives invoice)

Company: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/ST/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### RATE

Check here for guaranteed page placement (other than covers) for an additional 15%.

Guaranteed page placement page #: \_\_\_\_\_

# of Insertions: \_\_\_\_\_

Total per issue: \$ \_\_\_\_\_

Add 15% if guaranteed page number: \_\_\_\_\_

Cash Discount: Take 4% off total if paying by check or ACH\*: \_\_\_\_\_

Contract Total: \_\_\_\_\_

	AD SIZES Final trim size of the publication is 8.5" x 11"	RATES (PER ISSUE)		
		1 time	3 times	6 times
<input type="checkbox"/> Corporate Profile	7.25"w 9.75"h	\$2,660	\$2,125	\$1,805
<input type="checkbox"/> Full Page	7.25"w 9.75"h	\$2,535	\$2,025	\$1,720
<input type="checkbox"/> 1/2 Page Horizontal	7.25"w x 4.75"h	\$1,270	\$1,015	\$860
<input type="checkbox"/> 1/4 Page Vertical	3.5"w x 4.75"h	\$645	\$520	\$445
<input type="checkbox"/> Back Cover	7.25"w x 9.75"h (Set with bleed. Add .25")	\$3,125	\$2,510	\$2,085
<input type="checkbox"/> Inside Covers	7.25"w x 9.75"h (Set with bleed. Add .25")	\$2,660	\$2,125	\$1,805

### ALL ADS ARE FOUR COLOR - CMYK

#### ARTWORK:

Pick up artwork from (indicate mo/yr): \_\_\_\_\_ issue.

Artwork materials are enclosed.

Artwork materials to be delivered by deadline date.

All PMS colors must be pro-matched. final trim size of the magazine is 8.5" x 11".

**SUBMIT ARTWORK:** Send a print-quality PDF file to [nparsons@tha.org](mailto:nparsons@tha.org) in the subject line specify month/publication (i.e March/April *Texas Hospitals*).

### INSERTION FREQUENCY

1 time  3 times  6 times

### INSERTION DATES (check all that apply)

ISSUE	2022
<input type="checkbox"/> Jan/Feb	<input type="checkbox"/>
<input type="checkbox"/> March/April	<input type="checkbox"/>
<input type="checkbox"/> May/June	<input type="checkbox"/>
<input type="checkbox"/> July/Aug	<input type="checkbox"/>
<input type="checkbox"/> Sept/Oct	<input type="checkbox"/>
<input type="checkbox"/> Nov/Dec	<input type="checkbox"/>

### DEADLINE DATES

Issue	Ad Space Deadline	Artwork Deadline
Jan/Feb	Dec. 13	Dec. 17
March/April	Feb. 14	Feb. 18
May/June	April 11	April 14
July/Aug	June 6	June 10
Sept/Oct	Aug. 8	Aug. 12
Nov/Dec	Oct. 3	Oct. 7

Execution of this Advertising Contract/Insertion Order signifies assumption of legal responsibility to pay for all advertising in accordance with the Terms and Conditions stated in sections 1-8 (see page 7).

\*The Texas Hospital Association will invoice your company for the amounts above. Your company agrees to pay within 30 days of invoice. Cash Discount Available: Take 4% off total if paying by check or ACH.

### PAYMENT

**Remit payment by ACH:**  
**Texas Hospital Association**  
 Account No. 0101887890  
 ACH or Transit Routing #111900785

**IF PAYING BY CHECK, SEND PAYMENT AND COPY OF CONTRACT TO:**  
**Texas Hospital Association**  
**Attn: Robin Jackson**  
 P.O. Box 95353  
 Grapevine, TX 76099-9733

**TEXAS HOSPITAL ASSOCIATION REPRESENTATIVE**

Name: \_\_\_\_\_

**Please remit both pages to [nparsons@tha.org](mailto:nparsons@tha.org) or fax to 512-853-4564.**