

AHP E-Connect Newsletter Sponsorship Reservation/ Insertion Order

Advertiser:	Agency:
Contact Name: _____	Contact Name: _____
Company Name: _____	Agency Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Phone: _____	Phone: _____
Email: _____	Email: _____
Fax: _____	Fax: _____
Website: _____	Website: _____

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

Issue	Year	Type*	Issue	Year	Type*
December			June		
February			August		
April			October		

*Type of sponsorship: Exclusive or Non-Exclusive

Materials: Artwork must be provided in electronic format via email attachment

Newsletter artwork provided (file name): _____

Size: ___ Leaderboard/Banner (630 x 90)

Email Cover Page artwork provided (file name): _____

Size: Button (120 x 90) ****Included in sponsorship rate – please provide 120x90 logo/artwork****

Media format: ___ GIF ___ JPG

Company name to appear in the newsletter & email broadcast: _____

Company website or URL link for sponsor display: _____

Sponsor Frequency: ___ 1x ___ 3x ___ 6x Sponsor Rate: _____

(Sponsorship rates and display specifications are available at the AHP website:

http://www.ahp.org/Home/Resources_and_Tools/EConnect/Home/Resources_and_Tools/EConnect.aspx)

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 sponsorship 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 sponsorship in the issue(s) of AHP E-Connect indicated on behalf of the listed above. The advertiser and advertising agency are responsible for the accuracy and completeness of the information contained in their display materials. AHP reserves the right to refuse sponsorship for failure to meet AHP standards. AHP will confirm your placement via email.

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; Email: ahp@ahp.org; Fax: 703-532-7170
Questions? Call 703-532-6243 or visit www.ahp.org