



National Association of Rural Health Clinics
Advertising Opportunities

Please fill out this form and send back to newsletters@narhc.org (Newsletter Ads) **OR** admin@narhc.org (Website Ads) along with your ad in JPG, PNG, or PDF format.

Company Name: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Company Contact: _____

Contact Email: _____ Contact Phone #: _____

Website Ads

	Annual Rate	Total
Premier Website Ad (Home page + Consultants & Vendors page)	\$2500.00	\$ _____
Consultants & Vendors Page Ad	\$900.00	\$ _____

Newsletter Ads

	Quarterly Rate	Annual Rate	Total
Quarter Page 4-color ad (1950 x 600 px or 6.5" x 2")	\$250	\$750	\$ _____
Half page 4-color ad (1950 x 1200 px or 6.5" x 4")	\$500	\$1500	\$ _____
Full page 4-color ad (1950 x 2400 px or 6.5" x 8")	\$1000	\$3000	\$ _____

**Please select quarterly or annual payment*

Payment Method Check Credit Card

Name on Card: _____

Card #: _____ Exp Date: _____ CVV: _____

Card Billing Address: _____

City: _____ State: _____ Zip: _____

Make checks payable to NARHC

Mail: NARHC, 2 E. Main St., Fremont, MI 49412 **Phone:** 866-306-1961 x3

Email: newsletters@narhc.org or admin@narhc.org