

# National Association of Rural Health Clinics Advertising Opportunities

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Date \_\_\_\_\_

**WEBSITE ADS:**

		<u>Annual Rate</u>
Premier Website Ad (Home page + Consultants & Vendors page):	\$2500	_____
Consultants & Vendors Page Ad:	\$900	_____

**NEWSLETTER ADS:**

	<u>Quarterly Rate</u>		<u>Annual Rate</u>
Quarter page 4-color ad (6-1/2 x 2" banner)	\$250	_____	\$750 _____
Half page 4-color ad (6-1/2 x 4-1/4")	\$500	_____	\$1500 _____
Choose Quarterly <i>or</i> Annual Payment	<b>Qtrly Total</b>	_____	<b>Annual Total</b> _____

**PAYMENT METHOD:**     Check     Credit Card    *Visa, MasterCard, American Express*



Credit Card Number: \_\_\_\_\_ *If preferred you may call info in*

Expiration Date: \_\_\_\_\_ Total Amount Paying: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Phone \_\_\_\_\_

Card Billing Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Make checks payable to "NARHC". Mail to: **NARHC, 2 E. Main St., Fremont, MI 49412**  
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