



**National Association of Rural Health Clinics**  
**Advertising Opportunities**

Please fill out this form and send back to [newsletters@narhc.org](mailto:newsletters@narhc.org) (Newsletter Ads) **OR** [admin@narhc.org](mailto: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](mailto:newsletters@narhc.org) or [admin@narhc.org](mailto:admin@narhc.org)