

Advertising Contract for *HOPA News* and HOPA E-News Blast

HOPA News (24-page printed newsletter)

HOPA's printed newsletter is mailed quarterly to more than 2,600 HOPA members.

ADVERTISING FEES*

- Inside back cover \$6,000 Full-page \$5,000
 Half-page \$3,000

*All ads are 4 color. No discount offered for black-and-white ads.

AD SPECIFICATIONS

Full page with bleed

8.375" x 10.875" (plus 1/8" bleed)

Live Area: 7.875" x 10.375"

Half-page vertical

3.625" x 9.6875"

Half-page horizontal

7.5" x 4.75"

DEADLINES AND PUBLICATION DATES

- | | |
|---|--|
| <input type="checkbox"/> Issue 1
Ad materials due January 23, 2017
Publication date: March 1, 2017 | <input type="checkbox"/> Issue 3
Ad materials due July 21, 2017
Publication date: September 1, 2017 |
| <input type="checkbox"/> Issue 2
Ad materials due April 24, 2017
Publication date: June 1, 2017 | <input type="checkbox"/> Issue 4
Ad materials due October 20, 2017
Publication date: December 1, 2017 |

E-News Blast for HOPA News

HOPA's e-news blast for *HOPA News* is sent to more than 2,600 HOPA members. Members receive an e-mail announcing that *HOPA News* is available via a link in the e-mail or on the website.

Place a button or banner ad on the e-news blast that will link back to your company's website.

ADVERTISING FEES

- Button ad \$1,500
 Banner ad \$2,500

AD SPECIFICATIONS

Button ads

Location: Button ads run along the left side of the newsletter.

Size: No larger than 50 (w) x 200 (h) pixels

Banner ads

Location: Banner ads run along the bottom of the newsletter.

Size: No larger than 650 (w) x 150 (h) pixels

Advertiser's Contact Information

ADVERTISER

Company: _____

Name of contact: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

Website: _____

BILLING INFORMATION (IF DIFFERENT)

Company: _____

Name of contact: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

Website: _____

Payment Information

Check (enclosed) Check no. _____ Amount _____
 (Make check payable to HOPA.)

MasterCard VISA American Express Discover

Credit card no. _____ Expiration date _____

Cardholder's name (please print) _____

Note: Credit card payments of \$5,000 or more will be assessed a 3% processing fee.

We agree to the above advertising schedule and rates. The contract is authorized by

 Advertiser's signature

Return signed contract with payment to **HOPA, Professional Relations Department**, 8735 W. Higgins Road, Suite 300, Chicago, IL 60631-2738, or fax to 888.374.7259 (fax for credit card only).