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**LICENSED PRACTICAL NURSE ASSOCIATION OF NEBRASKA  
ADVERTISING SUBMITTAL FORM**

Please publish the enclosed:  1/4  1/2  Full-Page Ad

I would like the advertisement to appear in the following month(s) of *The Articulator*:  
(Please circle the appropriate months)

**January/February    March/April    May/June    July/August**

**September/October    November/December**

**Payment must be included with ad request. Ads are run once payment is received.**

Please find payment enclosed for \$\_\_\_\_\_.

Billing name and address:

E-mail:

Phone:

SPECIAL INSTRUCTIONS:

Please return the completed form along with your advertisement to:

Robin Dolen  
LPNAN  
3900 NW 12th Street, Suite 100  
Lincoln, NE 68521-3037