
**LICENSED PRACTICAL NURSES 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

Please find payment enclosed for \$_____
(Ad will not run in newsletter until payment has been received)

My billing name and address are:

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

QUARTER PAGE-First Dotted Line to Top Line
3" w X 4 ½ h"

HALF PAGE-First Dotted Line to Bottom Line – 7" w X 4 ½ h"

FULL PAGE-Bottom Line to Top Line – 7" w X 9 h"