



nebraska  
health care association



nebraska  
assisted living association

advocate. educate. support.

# 2012 SPRING CONVENTION AND TRADE SHOW

## EXHIBIT

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## ADVERTISE

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APRIL 24-26, 2012  
YOUNES CONFERENCE CENTER  
KEARNEY, NEBRASKA

# 2012 Spring Convention Advertising Agreement - Convention Book

The Nebraska Health Care Association offers advertising in its Convention Book which will be distributed to convention attendees. Ad rates have been set to make it most affordable to put your name in front of the members. Ads will be accepted for:

- the front inside cover
- inside and backside of the back cover
- four divider pages (one side only)
- inside pages

**The ads must be camera-ready, black and white, and the appropriate size.** Enclose camera-ready copy or indicate how copy is to appear. **If ads are not camera-ready, a set-up fee of \$35.00 will be charged for time and materials.** Lettering can be set for this cost, but please enclose originals of artwork, logos, letterheads,

photographs, etc.

A hard copy of the ad, at the appropriate size, may be mailed or sent on a disk or e-mailed to TracyR@nehca.org. Please use a .pdf, .jpg, or .tif format.

**Ad copy and contract must be received by Mar. 26, 2012. Full payment must accompany the contract.** Ads received after this date will not appear in the Convention Book. Make checks payable to Nebraska Health Care Association.

Ad Choices:	Qty	Commercial	Member Facilities	Business Associate Member
Back Cover	<input type="checkbox"/>	\$275.00	\$250.00	\$225.00
Inside Back Cover	<input type="checkbox"/>	\$225.00	\$200.00	\$175.00
Inside Front Cover	<input type="checkbox"/>	\$225.00	\$200.00	\$175.00
Divider Page	<input type="checkbox"/>	\$200.00	\$175.00	\$150.00
Double Page	<input type="checkbox"/>	\$200.00	\$175.00	\$130.00
Full Page	<input type="checkbox"/>	\$125.00	\$100.00	\$ 75.00
Half Page	<input type="checkbox"/>	\$75.00	\$ 60.00	\$ 50.00
Quarter Page	<input type="checkbox"/>	\$60.00	\$ 50.00	\$ 35.00

All advertising is subject to approval by NHCA. **Please type or print clearly**

NAME OF ADVERTISER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_ FAX \_\_\_\_\_

**I will be paying by:**

**CHECK** \_\_\_\_\_ **CREDIT CARD** \_\_\_\_\_ **NAME ON CREDIT CARD** \_\_\_\_\_

**CREDIT CARD NUMBER** \_\_\_\_\_ **EXP. DATE** \_\_\_\_\_

\_\_\_\_\_ **VISA** \_\_\_\_\_ **MASTER CARD** \_\_\_\_\_ **DISCOVER** \_\_\_\_\_ **AMERICAN EXPRESS**

Your signature will authorize this transaction. If you have questions, please call the NHCA office at 402-435-3551.

**SIGNATURE:** \_\_\_\_\_

Complete and return to:  
 Nebraska Health Care Association  
 3900 NW 12th Street, Ste 100  
 Lincoln, NE 68521-3037  
 Phone 402-435-3551  
 Fax 402-475-6289  
 E-mail TracyR@nehca.org

For Office Use	
Ad Received	<input type="checkbox"/>
Ad on file	<input type="checkbox"/>
Payment Received	<input type="checkbox"/>

Quarter Page - Thin line to top line - 7 1/4" x 2 1/4"

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Half Page - Dotted line to top line - 7 1/4" x 4 1/2"

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Full Page - Bottom line to top line - 7 1/4" x 9 1/2"