

# Awards Section Advertising Contract

Please complete ALL of the information below and submit with your payment. Only FULLY COMPLETED, signed contracts received with payment will be binding. Advertising is not refundable or transferable.

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

## Awards Section Advertising

HCP Annual Awards congratulatory ads will appear in the center section of the Program Guide distributed to all attendees. Ad space is limited, so reserve your space now. **Ad submission deadline: October 9, 2020.**

Please select:  Full page  Half page  Quarter Page

|              | HCP Chapter Member | HCP Member | Non-Member | Ad Specs        |
|--------------|--------------------|------------|------------|-----------------|
| Full Page    | \$535              | \$545      | \$645      | 7-1/4" x 9-1/4" |
| Half Page    | \$315              | \$325      | \$425      | 7-1/4" x 4-1/2" |
| Quarter Page | \$200              | \$210      | \$310      | 3-1/2" x 4-1/2" |

Award Recipient(s): \_\_\_\_\_

HCP can provide ad design for congratulatory ads. Please submit ad copy to Marissa Crary, crary@nyshcp.org, by October 4.  Yes! Please design my ad for me.  No, I will submit an ad by October 9.

By submitting this contract, I confirm that I have read and agree to all HCP **Policies & Procedures**, including cancellation policy.

## Advertising Costs

Awards Section Ad(s) \$ \_\_\_\_\_

Less 10% discount for Exhibitors/Sponsors \$ \_\_\_\_\_

**TOTAL AMOUNT DUE** \$ \_\_\_\_\_

## Advertising Payment *Payment in full is required. Advertising is not refundable or transferable.*

Check (payable to HCP) Payment must be received at time of contract submission.

Master Card  Visa  Discover

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

**Reserve your ad space and send payment to:**  
**MAIL:** HCP, 20 Corporate Woods Blvd., 2nd Floor, Albany, NY 12211  
**FAX:** 518.463.1606  
**SCAN AND EMAIL:** hcp@nyshcp.org

QUESTIONS? Call 518.463.1118, ext. 824.