



CALIFORNIA HOSPICE & PALLIATIVE CARE ASSOCIATION

Advertising Rate Sheet

PUBLICATIONS

***Hospice Notes* Newsletter**

Hospice Notes, covering the latest legislative, regulatory, and compliance issues and information on other issues vital to the hospice industry, is published monthly and sent to all CHAPCA Provider and Associate Members.

- Publication schedule:** Published on the 15th of each month.
- Advertising deadline:** By the 10th of the month of publication.
- Circulation:** Approximately 250 CEOs, businesses and individuals.

***Connections* Newsletter**

Connections, providing the latest news and information on interdisciplinary issues vital to the hospice industry, is published monthly and sent exclusively to CHAPCA Professional Members.

- Publication schedule:** Published on the 1st of each month.
- Advertising deadline:** By the 25th of the month preceding publication.
- Circulation:** Approximately 100 CEOs, businesses and individuals.

ADVERTISING RATES & TECHNICAL INFORMATION

Display Advertising

	CHAPCA Members	Non-CHAPCA Members
Full Page (7.5" w x 10" h)	<input type="checkbox"/> \$225	<input type="checkbox"/> \$300
Half Page (7.5" w x 5" h)	<input type="checkbox"/> \$175	<input type="checkbox"/> \$225
One-Third Page (5" w x 5" h)	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200
Quarter Page (5" w x 3.75" h)	<input type="checkbox"/> \$125	<input type="checkbox"/> \$175

Commission:

There will be a 15% commission rate to advertising agencies.

Technical Information - Newsletters:

Display ads for CHAPCA newsletters should be submitted camera-ready as a high quality laser print or as a file in Pagemaker or Microsoft Word format.

If you have additional questions, please contact
Margaret Clausen at the CHAPCA Office - (916) 925-3770.



ADVERTISING RESERVATION FORM

Contact Name: _____

Company/Agency: _____

Mailing/Shipping Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Advertising Agency (if any): _____

Ad Agency Contact: _____ Telephone: _____

Publication: _____ *Hospice Notes* _____ *Connections*

Month of Publication Requested: _____

Total Number of Ads Requested: _____

Total Amount Due for all Publications: \$ _____

Method of payment: Check VISA MasterCard

Card #: _____ Exp. Date: _____

Card ID #: _____ (3-digit, non-embossed number printed on the back of the card)

Name as it appears on card: _____

Address where credit card bill received: _____

City, State, Zip: _____

Signature: _____

(Required for credit card purchases)

Make checks payable to:
CALIFORNIA HOSPICE & PALLIATIVE CARE ASSOCIATION

Mail payment and order form to:

3841 North Freeway Blvd., #225, Sacramento, CA 95834

or you may call or FAX your order to:

Telephone (916) 925-3770 / Fax (916) 925-3780 / e-mail: mclausen@calhospice.org



CHAPCA

*California Hospice And
Palliative Care Association*

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3841 N. Freeway Blvd., #225, Sacramento, CA 95834

(916) 925-3770 / FAX: (916) 925-3780

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website: <http://calhospice.org>

<http://hospicefoundation.info>