



LRHA Newsletter Advertisement Form

Organization Name _____

The representative listed below will be considered the “primary contact” for all questions regarding the advertisement. Please email your company logo (jpeg format) to fontenot@lrha.org as well as the hyperlink to your website or document.

Primary Contact _____

Mailing Address _____

City _____ **State** _____ **Zip** _____

Telephone _____ **E-Mail** _____

Publication Date/ Deadline Art Due

January Issue- December 1st /February Issue-January 1st / March Issue-February 1st / April Issue- March 1st / May Issue-April 1st / June Issue-May 1st /July Issue- June 1st / August Issue-July 1st / September Issue – August 1st / October Issue – September 1st / November Issue – October 1st / December Issue- November 1st

Advertisement Payment Information

Small Ad- one time advertisement: **\$75** Small Ad – 12 month advertisement: **\$800**
 Large Ad- one time advertisement: **\$150** Large Ad – 12 month advertisement: **\$1,700**

One Time Advertisement Only: List the month you want your ad to run: _____

Total Amount \$ _____ **Payment Method** **Credit Card** (*Visa or MasterCard*) **Check Enclosed**

Name on Credit Card: _____

Credit Card Number: _____ **Expiration Date:** _____

Authorized Signature (*for Credit Card payments only*) _____

Please mail or fax completed form and payment to:

LRHA
P. O. Box 387
Napoleonville, LA 70390
OR Fax (985)369-3630

Thank you for your continued dedication and support to rural health care!