

# Communicator X-Press Advertising

When filling out the following, PLEASE PRINT CLEARLY. THANK YOU.

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

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

## AD RATES- per issue rate, 24 issues annually

<u>Ad size</u>	<u>Members</u>	<u>Non-Members</u>
Full Page	\$500	\$600
Half Page	\$275	\$375
3 x 5''	\$175	\$275
2 x 2''	\$95	\$195

\*Please contact Micah Roderick, IHHC Associate Director, at (217) 753-4422 or [micahroderick@ilhomecare.org](mailto:micahroderick@ilhomecare.org) for a publishing schedule.

Check enclosed       Visa / MasterCard / AmEx (Circle one)

Credit Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Make Checks Payable to Illinois HomeCare & Hospice Council.

Remit to: IHHC, 100 E. Washington, Springfield, IL 62701 Fax: 217-528-6545