



Advertising Opportunities with TSHHRAE

THE TSHHRAE JOURNAL

The TSHHRAE newsletter is distributed to every TSHHRAE member and several hundred hospitals in Texas every quarter. It is also posted on the TSHHRAE website, www.tshhvae.org. The newsletter is in a PDF format and distributed electronically except for January, when it is printed and mailed.

Ad Specifications:

<u>Size</u>	<u>WxH</u>	<u>Rate Per Quarter</u>
1/2 Page Horizontal	7 1/2 x 4 3/4 in	\$150
1/2 Page Vertical	3 5/8 x 9 1/2 in	\$150
1/4 Page	3 5/8 x 4 3/4 in	\$100
1/8 Page	3 5/8 x 2 3/8 in	\$60

The TSHHRAE Website www.tshhvae.org

Ads will be placed on the Sponsor page and the Links page.

Web Ad Specifications:

<u>Size</u>	<u>WxH</u>	<u>Rate</u>
1/4 Page Logo w/ link and description	4 x 5.5	\$75 per quarter
1/8 page logo w/ link	2 x 2.75 "	\$50 per quarter

Do you have a job you would like to advertise to TSHHRAE Members?



Visit our website at www.tshhvae.org and click on Job Bank.

**TSHHRAE members can post a job for FREE.
Non-members can post a job in 30 day increments for \$50!**



TSHHRAE
TEXAS SOCIETY FOR HEALTHCARE HUMAN RESOURCES
 ADMINISTRATION AND EDUCATION

Contact Information

Company Name _____
 Contact _____ Title _____
 Tel _____ Fax _____ URL _____
 Address _____
 City _____ State _____ Zip _____
 Email Address _____

Level of Participation

- 1/2 page Ad \$150 1/4 page ad \$100 1/8 page ad \$60
 1/4 page Web w/ logo & link \$75 1/8 page Web logo w/ link \$50

All prices are per quarter. Please check which quarter(s) you would like for your ad to run.

- Q1 Q2 Q3 Q4

- Job Bank Posting** 30 days 60 days 90 days

Payment Information: ALL BALANCES MUST BE PAID PRIOR TO THE QUARTER THE AD IS SCHEDULED TO RUN OR BEFORE A JOB CAN BE POSTED.

Please Invoice Me

Payment by Check

Make checks payable to:
 TSHHRAE

Mail, Email or FAX payments to:
 TSHHRAE
 PO Box 29686, Austin, TX 78755

Credit Card Payment Visa MasterCard American Express

Card Number: _____ Amount: \$ _____

Exp. Date: _____ Security Code _____ Name on Card: _____

Billing Address: _____

City / State / Zip: _____

Signature: _____

Questions?

Suzanne Douglas
 Phone: 512-279-2892
 Email: sdouglas@cmpmanagement.com

Association Management Use

Authorized TSHHRAE Signature: _____

Date Payment Received: _____ Ad Placement: _____

Job Bank beginning date: _____ Job Bank ending date: _____