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2019

NABH ANNUAL MEETING

Behavioral Healthcare:

Improving
Coordination,
Collaboration,
Integration

2019 Exhibitor and Sponsor Guide Advertising Opportunities

The 2019 edition of the NABH *Exhibitor and Sponsor Guide* will be distributed to all registrants at the 2019 NABH Annual Meeting from March 18-20, 2019 at the Mandarin Oriental Washington, D.C. Later it will be mailed to all NABH members and posted to the NABH website: www.NABH.org. Be sure you are included in it!

CLOSING DATE

January 18, 2019: The advertiser or its agency may not cancel or make changes to orders after January 18, 2019.

AD OPTIONS

See reverse side.

REQUIREMENTS

- **Ads must be submitted as high-resolution (300 dpi), flattened CMYK** (not RGB) files in PDF, TIF, EPS or JPG formats.
- **Please name all files this way: companyname.year.fileformat** (Example: ZYZ Hospital.2019.jpg)
- Ads are subject to NABH's President/CEO's approval.
- **E-mail ad files to maria@nabh.org and e-mail a copy to Jerold Williams at jwilliams@hagerssharp.com.**

PAYMENT

Check, Visa, MasterCard, or American Express are accepted. Please include payment with order form. (NABH Federal Tax ID number: 22-166-1978)

CHANGES

Requests for NABH's design team (including design, editing, and/or file-repair work) will be billed to the advertiser. Submitted ads that do not conform to the mechanical requirements may be subject to additional charges for adjustments and/or corrections.

FOR MORE INFORMATION

Call Maria Merlie at 202-393-6700, ext.104, or e-mail maria@nabh.org.

**National
Association
for Behavioral
Healthcare**



Access. Care. Recovery.

National Association for Behavioral Healthcare
900 17th Street, NW, Suite 420, Washington, DC 20006-2507
202-393-6700 | nabh@nabh.org | www.NABH.org

2019 NABH Exhibitor and Sponsor Guide Advertising Opportunities

Advertisement Insertion Order Form

Name: _____

Title: _____

Organization: _____

Name as you wish it to appear in the *Exhibitor and Sponsor Guide*: _____

Street: _____

City, State, Zip: _____ Fax: _____

Telephone: _____ E-mail: _____

All communications will be e-mailed or mailed to the above.

Check the box of the ad you want and circle the amount due. *NABH members receive the discounts shown below.*

AD SIZE		LIST PRICE	NABH MEMBER PRICE	DUE WITH ORDER
<input type="checkbox"/> Back Cover (full page, color)	With bleed: 8.75" x 11.25"	\$4,150	\$3,113	
<input type="checkbox"/> Inside Back Cover (full page, color)	With bleed: 8.75" x 11.25"	\$3,625	\$2,719	
<input type="checkbox"/> Inside Front Cover (full page, color)	No bleed: 7.25" x 10"	\$3,625	\$2,719	
<input type="checkbox"/> Opposite Inside Front Cover (full page, color)	With bleed: 8.75" x 11.25"	\$3,100	\$2,325	
<input type="checkbox"/> Opposite Inside Back Cover (full page, color)	No bleed: 7.25" x 10"	\$3,100	\$2,325	
<input type="checkbox"/> Full Page Inside (black & white)	With bleed: 8.75" x 11.25"	\$1,575	\$1,181	
<input type="checkbox"/> Full Page Inside (color)	No bleed: 7.25" x 10"	\$2,575	\$2,181	
<input type="checkbox"/> Half Page Inside (horizontal, b&w)	7" x 4.875"	\$945	\$709	
<input type="checkbox"/> Half Page Inside (horizontal, color)		\$1,445	\$1,209	
<input type="checkbox"/> Half Page Inside (vertical, b&w)	3.5" x 10"	\$945	\$709	
<input type="checkbox"/> Half Page Inside (vertical, color)		\$1,445	\$1,209	
<input type="checkbox"/> Quarter Page Inside (b&w)	3.5" x 4.875"	\$550	\$413	
<input type="checkbox"/> Quarter Page Inside (color)		\$800	\$663	

Ad Deadline: January 18, 2019

Payment is required with insertion order. Mail the original insertion order and check to Maria Merlie, NABH, 900 17th Street, NW, Suite 420, Washington, DC 20006-2507. Or e-mail/fax the order form with credit card information to maria@nabh.org. Fax: 202-783-6041.

NABH Federal Tax ID: 22-166-1978

Questions? E-mail maria@nabh.org.

Please charge my:

Attached is my check for \$ _____ made payable to NABH.

Visa * MasterCard *

Card number: _____ Expiration date: _____

American Express **

Card holder: _____ Authorized signature: _____

*VISA/*MASTERCARD HOLDERS: you must provide your 3-digit CVV code on the back of your card: _____

**AMEX HOLDERS: please provide 4-digit code: _____