Advertising Form

Management Information Bulletin (MIB)

Registration

Please print your name: _____

Contact Name: (If different) _____

Company Name: _____

Street/Address: _____

Town/City/Zip: _____

Phone: _____ Fax: _____

E-mail: _____

PLEASE CONTACT THE HOME CARE ASSOCIATION OF NJ STAFF FOR MORE INFORMATION ON THE RELEASE DATE OF THE NEXT EDITION OF THE MANAGEMENT INFORMATION BULLETIN.

MIB Advertising Rates

	Members	Non Members
1/4 Page	$150.00	$300.00
1/2 Page	$300.00	$600.00
Full Page	$500.00	$800.00

Total Amount Enclosed $ _____

I understand and agree that Home Care Association of NJ staff may need to modify the format of the ad in order to properly place in the publication. We understand that the content of the ad will not be changed without prior written approval.

_____ _____

Signature **Date**

The Home Care Association of NJ's Management Information Bulletin is the largest Home Care-Specific publication for New Jersey that is distributed to our member agency CEOs, COOs, CFOs, Senior Management, Clinicians, Billing, and other Administrative Staff.

Please forward your text in a **Word** document as you wish it to appear in the next Management Information Bulletin.

Payment will be required prior to the publication release date. Return form and payment to: **Home Care Association of NJ, 485D Route 1 South, Suite 210, Iselin, NJ 08830 or fax to (732) 877-1101. You may also email form and credit card payment to sherl@homecarenj.org.**

Payment

¨ **Check #** _____ * *Make Checks Payable to Home Care Association of NJ*

Credit Card: Cardholder's Name _____

☐ Visa Card # _____ Exp. Date _____

☐ MasterCard Address (on card) _____

☐ American Express Signature _____ Date _____