



Home Care & Hospice Association of NJ Advertising Form - *Program Sponsor*

Support an educational or program event sponsored by the Home Care & Hospice Association of NJ.

Email your logo file and completed advertisement form to susan@homecarenj.org

Advertising rates are subject to change.

Contact Name _____ Title _____

Company _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Program Premier Sponsor Rate: \$1,500.00: Provide brief remarks, table, logo placement
Program Sponsor Rate: \$500.00: Acknowledgement at event, logo placement

I understand and agree that Home Care & Hospice Association of NJ may need to modify the format of the ad for placement. I understand that the content of the ad will not be changed without prior written approval.

Signature _____ Date _____

Check # _____ (Make checks payable to Home Care Association of NJ)

_____ VISA

_____ MasterCard

_____ American Express

There is a 2.5% fee to pay by credit card Amount \$ _____ x 1.025 = Total Payment \$ _____

Credit Card Number _____ CVV# _____ Exp Date _____

Name on Card _____ Authorized Signature _____

Address _____

Payment is required prior to publication release date

Return payment and order form to: Home Care Association of NJ, 485D, US 1 South, Suite 210, Iselin, NJ 08830

Phone: 732-877-1100

FAX: 732-877-1101

Email: susan@homecarenj.org