



303 Cleveland Avenue SE, Suite 206
 Tumwater, Washington 98501
 Telephone 360.352.3304 ■ Toll-free 800.562.6170
 Fax 360.754.2412 ■ www.whca.org

2008 Annual Directory

Washington Health Care Association

Rates: (please check one)

	Member	Non-Member
<input type="checkbox"/> Back Cover (in full color; 4.75" x 7.5")	\$1750	Not Available
<input type="checkbox"/> Inside Front Cover (4.75" x 7.5")	\$750	Not Available
<input type="checkbox"/> Tab Divider Page (4.75" x 7.5")—only 6	\$650	Not Available
<input type="checkbox"/> Tab Divider Back (4.75" x 7.5")—only 6	\$650	Not Available
<input type="checkbox"/> Inside Back Cover (4.75" x 7.5")	\$650	Not Available
<input type="checkbox"/> Full Page (4.75" x 7.5")	\$500	\$1000

Prices above are for black & white print (except for back cover), for full-color add \$100 more to any price. To insert an ad, this form must be received by WHCA by October 26, 2007. **ALL CAMERA-READY ARTWORK MUST BE RECEIVED VIA EMAIL OR ON DISK BY NOVEMBER 9, 2007. ARTWORK CAN BE EMAILED TO brendaorffer@whca.org**

The 2008 directory will be published in December 2007 and mailed to members in January 2008. All members will receive one complimentary copy—additional copies will be available to purchase. If you have any questions, contact Brenda Orffer at (800) 562-6170.

Please fill out the form below, make your selection above, and forward it to:

Washington Health Care Association
 Attn: Brenda Orffer
 303 Cleveland Avenue SE, Suite 206
 Tumwater, WA 98501
 Fax: 360.754.2412
 Email: brendaorffer@whca.org

Please indicate how we will receive your artwork:

Please use the same art from last year.

We will email you the art.

We will send the art on a CD.

Company Name: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Email: _____

Method of Payment

- Please bill our company (*WHCA members in good standing only, please*)
- Please find a check enclosed with this form
- Please bill: VISA MasterCard American Express

Account number: _/_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/_

Expiration Date: ___/___/___ Authorized Signature: _____