

PROVIDERS' COUNCIL

2018 Monthly Sponsorship Contract for The Providers' Council *e-Digest and Academy of Learning & Exchange* Email Newsletters

- ✓ Put your ad or logo in 15,000 e-mails per month to our members and their employees
- ✓ Drive traffic where you want it with a link directing members to learn about your products & services
- ✓ Show your support for human services and interest in doing business with our more than \$2.6 billion industry

Organization / Business Name:	Authorizing Contact:	Title:
Address:		City / State / Zip:
Phone:	E-Mail:	

Space is limited and at the discretion of the Providers' Council, not all months requested may be available. Please list your desired months in order of preference. Sponsorship space is not final until confirmed by the Providers' Council.

	Monthly Rate	Quantity	Subtotal	Preferred Month(s)
Members	\$110/month		\$____.____	
Non-Members	\$225/month		\$____.____	
TOTAL			\$____.____	

Website link to embed with ad: http://

Payment will be provided by

- Credit card: Visa / MasterCard (circle one)
Number: _____ Expiration: ____/____
- Check made out to "Massachusetts Council of Human Service Providers," which will be mailed with a copy of this form

Signature

Date

▪ Display ad must be common image format (JPG, GIF, BMP) and must be submitted by e-mail to mmckenzie@providers.org.

▪ **Ads cannot be greater than 200 pixels high by 200 pixels wide.**

▪ Mail checks to: Providers' Council
88 Broad St., 5th Floor,
Boston, MA 02110. For credit card payments, you may fax this form to us at 617.428.1533.

▪ Prepayment and logo must be received by the 20th of the preceding month of first ad.

▪ Timing and placement of advertisements is at the discretion of the Providers' Council.

▪ The Providers' Council reserves the right to reject any advertising at any time for reason satisfactory to the Council, without penalty or liability to either party.

▪ Questions? Call Michelle at 617.428.3637 x114.