

**The Provider Advertising Contract 2018**  
**\*\*\*\*\*ALL ADS ARE IN CMYK COLOR\*\*\*\*\***

Organization/Business Name: \_\_\_\_\_

Authorizing person: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Authorizing signature: \_\_\_\_\_ Date: \_\_\_\_\_

Size	Member Rate	Non-member Rate
¼ page	\$475	\$625
½ page	\$600	\$775
Full-page color insert	\$650	\$875

**15% discount for three or more ads in calendar 2018**  
**(Subject to availability)**

Desired months: \_\_\_\_\_

Ad rate: \_\_\_\_\_

Less Discount \_\_\_\_\_

Total payment: \_\_\_\_\_

- **Prepayment is required at time of order.**
- **Ads must be scheduled in advance with Michelle McKenzie**

**Payment** should be sent to: Providers' Council  
 ATTN: *The Provider*  
 88 Broad Street, Fifth Floor  
 Boston, MA 02110

**Artwork** should be sent in digital form to [mmckenzie@providers.org](mailto:mmckenzie@providers.org). Please specify your organization and the month your ad is scheduled to be printed.

PDF version of newspaper is emailed to member CEOs monthly, who forward the paper to organization staff. The ads are included and this broadens our circulation – and your exposure.

Questions? Please contact Michelle McKenzie at 617.428.3637 x114 or [mmckenzie@providers.org](mailto:mmckenzie@providers.org).

- Please send your CMYK-color ad in a PDF format with **all fonts embedded**.
- Ads should be formatted in inches with these dimensions:
  - ¼ pg: 4.92w by 7.75h
  - ½ pg (horz): 10w by 7.5h
  - Inserts: 11w by 8.5h
  - Ads not in this format or in CMYK color are subject to change at **no fault to The Provider.**
- Prepayment is REQUIRED at time of order.
- All materials must be received by the 15th of the month to be included in the next issue.
- Positioning of advertisements is at the discretion of the editor.
- *The Provider* reserves the right to reject any advertising at any time for reason satisfactory to the publisher, without penalty or liability to either party.