

The Kansas Nurse Advertising Contract

The Kansas Nurse is a professional publication of the

Kansas State Nurses Association

1109 SW Topeka Blvd., Topeka, Kansas 66612-1602

Telephone 785-233-8638 Ext 300 • FAX 785-233-5222 • ksna@ksnurses.com

www.ksnurses.com

YES, we wish to advertise in *The Kansas Nurse* — *The Voice and Vision of Nursing in Kansas*

Company Name	Telephone
Contact Person	FAX Number
Address	Email Address
City, State, Zip	Ad copy <u>will</u> change with each placement Yes No (circle yes or no)

With my signature below, I hereby authorize the placement of our advertising for the price indicated and understand that payment for each placement is due 30 days after receiving the invoice.

Signature	KSNA/The Kansas Nurse Managing Editor
Date	Date

Display ads should be sent as black/white or full color pdf files. If ad is not in a pdf format additional rates may apply. If the ad copy will be changed with each placement, please indicate that information in the company section above. Ad orders should be placed by the 15th of the month preceding desired publication month. Indicate below the appropriate placement, color and price for your advertisement.

Check Ad Size Circle Placement and B/W or Color	<input type="checkbox"/> Full Page	<input type="checkbox"/> 2/3 Page	<input type="checkbox"/> 1/2 Page	<input type="checkbox"/> 1/3 Page	<input type="checkbox"/> 1/6 Page	<input type="checkbox"/> CE Listing
1 or 2 Time Placement Each	\$315.00 B/W Color add \$100	\$265.00 B/W Color add \$75	\$230.00 B/W Color add \$50	\$175.00 B/W Color add \$25	\$110.00 B/W No Color	\$50.00 B/W No Color
3 or 4 Time Placement Each	\$305.00 B/W Color add \$100	\$255.00 B/W Color add \$75	\$220.00 B/W Color add \$50	\$165.00 B/W Color add \$25	\$105.00 B/W No Color	\$40.00 B/W No Color

Please indicate below in which issues of *The Kansas Nurse* you desire for your ad to appear:

1st Week of February First Week of May
 Last Week of July First Week of October

KSNA OFFICE USE ONLY: Issue/Page _____ Date Invoiced _____ Invoice Number _____ Payment Rec'd _____