



Advertising Rate Sheet

You are invited to participate as an advertiser in “The TxANA Newsletter” the official newsletter of the Texas Association of Nurse Anesthetists, Inc. (TxANA). TxANA publishes a digital version of “The TxANA Newsletter” four times a year on the TxANA website, www.txana.org. This gives you the opportunity to market your products and/or services to over 3,000 TxANA members.

Ad Policies, Dimensions & Rates:

★ **Deadlines** — (Except for classified advertisements)

November 1 st	Winter issue, published in December
February 1 st	Spring issue, published in March
May 1 st	Summer issue, published in June
August 1 st	Fall issue, published in September

★ **Payment** — First payment is due upon submission of advertisement. Multiple insertions will be invoiced and payable upon receipt.

★ **Pricing** — Prices are based single insertions. Discounts apply for multiple insertions.

Space & Dimensions (w" x h")	Price Per Insertion	4 Issues Price Per Insertion (includes 10% discount)
Full Page – 8" x 10"	\$500.00	\$450.00
Half Page – 8" w x 5"	\$250.00	\$225.00
Quarter Page – 4" x 2.5" or 2.5" x 4"	\$125.00	\$112.50
Eighth Page – 3.75" x 2"	\$ 75.00	\$ 67.50

★ **Classified Advertisements** — Available for \$0.50 per word, \$50.00 minimum charge. All classified advertisements must be submitted in writing with payment accompanying the ad. No discounts are given for multiple insertions of classified advertisements.



TxANA
 TEXAS ASSOCIATION of
 NURSE ANESTHETISTS

Advertising Contract

Company Name:		
Contact Name:		
Mailing Address:		
City/State/Zip Code:		
Daytime Phone: () ()	Fax Number: () ()	E-mail Address:

Advertising Order: Please CHECK ad size and each issue you wish to publish your ad.

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	Eighth Page – 3.75" X 2	\$75	\$67.50
	Winter Issue – published December (copy due November 1 st)		
	Spring Issue – published March (copy due February 1 st)		
	Summer Issue – published June (copy due May 1 st)		
	Fall Issue – published September (copy due August 1 st)		

Payment Method: Acceptable forms of payment are check or credit card (American Express, VISA, MasterCard or Discover).

Check Enclosed

Please charge my credit card

Credit Card Number:	Exp. Date:	CVV#:
Full Name of Account Holder:		
Billing Address of Card:		
Signature:		Date:

Remit to:

Texas Association of Nurse Anesthetists, Inc.
 888 Banister Lane
 Austin, Texas 78701

Contact:

Sam Stinnett, BA
 Executive Director
 Telephone: (512) 495-9004
 Fax: (512) 495-9339
 E-mail: sam@txana.org

Payment:

First insertion payment is due upon submission of advertisement. Subsequent insertions will be invoiced after publication and payable upon receipt.

Total Amt. Due: \$ _____