



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 (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 nearly 4,500 TxANA members.

Ad Policies, Dimensions & Rates:

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

January 1 st	Winter issue, published in January
May 1 st	Spring issue, published in May
August 1 st	Summer issue, published in August
November 1 st	Fall issue, published in November

★ **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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	Half Page – 8" X 5"	\$250	\$225
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	Eighth Page – 3.75" X 2	\$75	\$67.50
	Winter Issue – published January (copy due January 1 st)		
	Spring Issue – published May (copy due May 1 st)		
	Summer Issue – published August (copy due August 1 st)		
	Fall Issue – published November (copy due November 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
 919 Congress Ave., Suite 720
 Austin, Texas 78701

Contact:

Andrea Pee
 Chief Operating Officer
 Telephone: (512) 495-9004
 E-mail: andrea@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: \$ _____