

## South Central Association of Blood Banks Pulse and Website Advertising Agreement

To secure Advertising space in Pulse and/or SCABB website, please complete the following information:

Name of Company: \_\_\_\_\_  
 Person Completing this Form: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Indicate below the frequency of your Advertisement.

<u>Ad Size</u>	<u>1 Issue</u>	<u>2 Issues</u>	<u>3 Issues</u>	<u>4 Issues</u>
½ page horizontal (8 wide by 5.125 tall) ½ Page vertical (3.875 wide by 10.5 tall)	\$225	\$200 ea issue	\$175 ea issue	\$150 ea issue
Check the box that reflects the frequency of your ad →				
½ Page Back Cover (4 wide by 10.5 tall)	\$275	\$250 ea issue	\$225 ea issue	\$200 ea issue
Check the box that reflects the frequency of your ad →				
¼ Page (3.875 wide by 5.125 tall)	\$150	\$125 ea issue	\$100 ea issue	\$75 ea issue
Check the box that reflects the frequency of your ad →				

Example: 1 Ad, 2 Issues, ½ page = \$400.00

Ads must be emailed to [scabb@scabb.org](mailto:scabb@scabb.org). All artwork must be camera ready in jpg format or eps format. Ad space is limited to one ad per company per issue.

Total for **PULSE** ad \$ \_\_\_\_\_

<b>Web Page Advertising</b>		
<b>Fees &amp; Placement</b>	<b>Prices</b>	<b>Information</b>
Home Page Advertising <i>Size: 172 pixels X 172 pixels</i>	\$500	Limited to two advertisers <b>SOLD</b>
Check box for desired ad →		
Interior Page Advertising <i>Size: 172 pixels X 172 pixels</i>	\$600 (for all 3 pages)	<b>Limited to FOUR advertisers per page:</b> Membership, Annual Meeting & Education Events Pages Only
Check box for desired ad →		
	\$250 (per page)	<b>Limited to FOUR advertisers per page:</b> Membership, Annual Meeting & Education Events Pages Only
Check box for desired ad →		

*Website advertisements now include hyperlinks!*

Total for **WEB PAGE** ad \$ \_\_\_\_\_

### Method of Payment:

**Credit Card:** VISA, MasterCard or American Express (Circle One)

Credit Card #: \_\_\_\_\_ Code on back: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Amount of Charge: \_\_\_\_\_

Billing Address if Different: \_\_\_\_\_

**Paying By Check:**

Address for Invoice if Different from above: \_\_\_\_\_

Attention: \_\_\_\_\_ Phone # \_\_\_\_\_

Please submit this completed agreement, along with your ad file to [scabb@scabb.org](mailto:scabb@scabb.org).

7/23/2015

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