



Banner Advertising Agreement

Banner Ad Specifications

- Dimensions: 1440 pixels wide by 692 pixels deep. Keep information in the top 250 pixels of ad. Additionally a 50px by 50px thumbnail.
- Preferred file format: .JPEG or .PNG
- Please email artwork to whitney.hall@ins1.org and include the URL for the web page that the banner should be linked to.

Contact Information

Company	Contact Name	
Address	State	Zip Code
Phone	Email	

Costs

Rate

- | | |
|---------------------------------------|---------|
| <input type="checkbox"/> One Month | \$995 |
| <input type="checkbox"/> Two Months | \$1,990 |
| <input type="checkbox"/> Three Months | \$2,685 |
| <input type="checkbox"/> Four Months | \$3,580 |
| <input type="checkbox"/> Six Months | \$5,170 |

TOTAL DUE \$

Payment Information

Payment must be submitted in full prior to advertisement deadline.

- Please invoice us.
- American Express MasterCard Visa

Cardholder's Name	Signature
Card Number	Expiration Date

Please return your completed agreement and payment to:

Meghan Trupiano, CMP
Infusion Nurses Society – One Edgewater Drive | Suite 209, Norwood, MA 02062
(781) 440-9408 x335 meghan.trupiano@ins1.org