

Website Advertising Rates and Information www.esaal.org

Member Providers

Ad Page: Alphabetical/County Listing pages Ad Size: 500px x 100px (6.944" x 1.389")

Ad Placement: Right-hand side of page next to listings

Ad Duration Cycle: 30 days

Ad Rate: \$100

Industry Partner Members

Ad Space: Members Only index page Ad Size: 500px x 100px (6.944" x 1.389")

Ad Placement: Right-hand side of page next to listings

Ad Duration Cycle: 30 days

Ad Rate: \$175

Non-Member Suppliers/Vendors

Ad Space: Members Only index page Ad Size: 500px x 100px (6.944" x 1.389")

Ad Placement: Right-hand side of page next to listings

Ad Duration Cycle: 30 days

Ad Rate: \$225

Ads will load on their specified page in a random and equal sequence and be the solely displayed ad in a particular session. This method maximizes the potential viewing of the displayed ad. If you have any questions about the ad rotation method, please send an email to Andrea Cirabisi at acirabisi@esaal.org

Ads must be submitted in .gif format in RGB color mode at 500px x 100px (6.944" x 1.389"). Animated .gif files less than 10 seconds are acceptable. Ads must be emailed Andrea Cirabisi at acirabisi@esaal.org 1 week prior to start date.

Actual Ad Size [500px x 100px] [6.944" x 1.389"]



Website Advertising Contract

| Contact Information | |
|---|--|
| Contact Person: | |
| Facility/Co. Name: | |
| Facility/Co. Address | |
| Phone Number: | |
| Fax Number: | |
| Email Address: | |
| Website: | |
| Ad Purchase Details Select One Option Member Provider Industry Partner Member Industry Partner Non-Member Ad Duration Cycles [30 days per cycle] Ad Total (# of cycles x ad rate) \$ | |
| By signing this contract, all advertisers understand that ESAAL reserves the right to reject any advertisement for any reason, at any time, without liability, even if the advertisement was previously acknowledged or accepted. Additionally, any images, trademarks and/or copyrighted materials used in the advertisement must have been properly licensed by the advertiser. | |
| Authorized by (Signature): | |
| Print Name: | |
| Date: | |
| Credit Card: (Please Check) Usa Master Card Discover American Express | |
| Credit Card No: | |
| Expiration Date: | CVV2 Code: (The 3 or 4 digit code is located either on the front or back of the card.) |
| Name as listed on Card (Please Print): Street Address of Authorized Cardholder: | |
| City, State, & Zip Code: | |
| I hereby authorize ESAAL to charge my credit card the amount indicated on this form for the purpose stated. Without a signature your credit card will not be processed. Cardholder's Signature: | |

Completed contract and payment by check made payable to ESAAL and mailed to: Empire State Association of Assisted living, 646 Plank Road, Suite 207, Clifton Park, NY 12065 Or Credit Card Authorizations and contract may be faxed to: 518-371-3774