

ESAAL Website Advertising Rates and Information

WWW.ESAAL.ORG



Member Providers

Ad Space: Alphabetical/County Listing pages

Ad Size: 150px x 350px (2.083" x 4.861")

Ad Placement: Right-hand side of page

Ad Rotation Time: 10 seconds

Ad Duration Cycle: 30 days

Ad Rate: \$100

Industry Partner Providers

Ad Space: Members Only index page

Ad Size: 150px x 350px (2.083" x 4.861")

Ad Placement: Right-hand side of page

Ad Rotation Time: 10 seconds

Ad Duration Cycle: 30 days

Ad Rate: \$175

Non-Members Suppliers/Vendors

Ad Space: Members Only index page

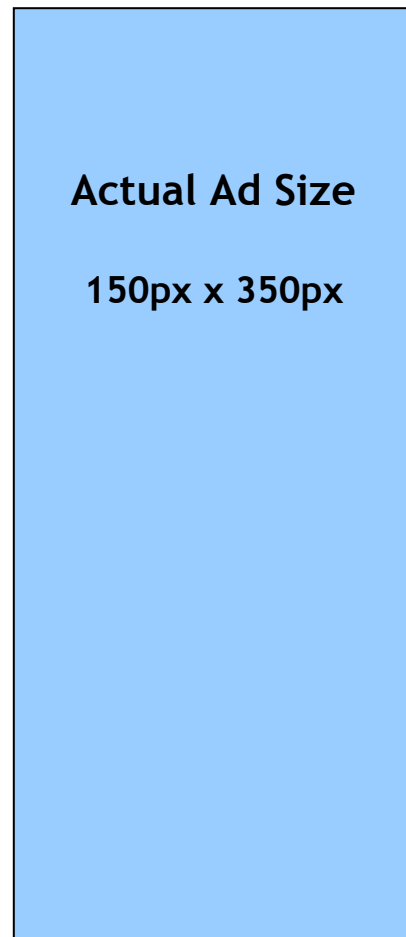
Ad Size: 150px x 350px (2.083" x 4.861")

Ad Placement: Right-hand side of page

Ad Rotation Time: 10 seconds

Ad Duration Cycle: 30 days

Ad Rate: \$225



- Ads must be submitted in .gif format in RGB color mode at 150px x 350px.
- Animated .gif files less than 10 seconds are acceptable.
- Ads must be emailed to agregory@corningplace.com 1 week prior to start date.

Ad Purchase Details

(Select one of the following)

- Member Provider
- Industry Partner Member
- Non-Member Supplier/Vendor

Number of Ad Duration Cycles [30 days per cycle]: _____

Ad Total (Number of cycles x ad rate): _____

Total _____

Contact Information

Contact Person: _____

Facility/Company Name: _____

Facility/Company Address: _____

Phone No. _____ Fax No. _____

Email: _____

Website: _____

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: _____

Please return the completed application and payment with a check or the completed credit card authorization information below to ESAAL:

Mail to:
Empire State Association of Assisted Living
646 Plank Road, Suite 207, Clifton Park, NY 12065

With Credit Card Authorization, Fax to: 518-371-3774

Credit Card No.: _____ Master Card Visa

Expiration Date: _____ CVV2Code _____

Street Address and Zip Code if different from above: _____

I hereby authorize ESAAL to charge my credit card the amount indicated above for the purpose stated:

Cardholder's Signature

For more information, call ESAAL at (518) 371-2573.