



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 Andrew Gregory at agregory@corningplace.com

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 to agregory@corningplace.com 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: _____

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