



American Academy of Home Care Medicine (AAHCM)

2018 Electronic Advertising Opportunities

AMERICAN ACADEMY OF HOME CARE MEDICINE

The American Academy of Home Care Medicine is a professional community of more than 1,000 Physicians, Nurse Practitioners, Physician Assistants, Medical Directors, Practice Managers, Social Workers, and other related professionals and agencies interested in improving care of patients in the home.

Frontiers

The quarterly electronic newsletter of the American Academy of Home Care Medicine. An ad in the newsletter will include a web link to your home page. Circulation: Over 1,000.

Ad size (circle one): ___ Full page
 ___ 1/2 page
 ___ 1/4 page

Frequency: ___ 1 ___ 2 ___ 4

Issue: ___ Winter ___ Spring ___ Summer ___ Fall

Special Instructions: _____

Size	1x	2x	4x
Full page	\$750	\$700	\$650
½ page	\$350	\$300	\$250
¼ page	\$200	\$150	\$100

Issue	Reservation Deadline	Art Deadline
Winter Issue	11/9/16	12/9/16
Spring Issue	3/7/17	3/24/17
Summer Issue	5/18/17	6/12/17
Fall Issue	8/16/17	9/13/17

E-newsletter

The AAHCM e-Newsletter is distributed **bi-weekly** every Wednesday. Circulation: Over 1,000.

Ad type: ___ Tower (\$700 Member, \$800 Non-Member) ___ Banner (\$200 Member, \$225 Non-Member)

Frequency: _____

Vendor Directory

The online vendor listing is an added resource available to members and the public for those vendors that AAHCM deems relevant to home care medicine.

Frequency: ___ 3 ___ 6 ___ 9 ___ 12

*Requirements: Logo or small graphic image in JPEG or EPS format, 50 word description, and link to desired webpage.

Duration	Member Price	Non-Member Price
3 months	\$300	\$350
6 months	\$575	\$625
9 months	\$850	\$900
12 months	\$1,000	\$1,050

Please see reverse side for billing information

Return with payment to
 AAHCM, PO Box 3781, Oak Brook, IL 60522 | Fax 888.374.7259 (credit card only)

Member? Yes No

Please print or type.

Name _____ Title _____

Company _____

Address _____

City/State/Zip _____

E-mail Address _____ Phone (____) _____

Payment

Amount \$ _____

Account Number _____ Expiration date _____

Signature _____