



Louisiana Speech-Language-Hearing Association

Advertisement Request

Thank you for your interest in advertising opportunities with the Louisiana Speech-Language-Hearing Association. Please return this form with payment to the address/fax below.

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____ DATE: _____

Terms & Conditions

LSHA News: If camera-ready art is not provided, please supply copy, logo, etc. you wish to include in the ad. We will bill you for production charges. You may request a proof before printing.

Website: Company logos will be displayed in the footer/margin of the LSHA website and will be visible on all site pages. The logo will be linked to the company's website or to another page of company's choice. Job listings will be on a separate page of the LSHA website.

LSHA reserves the right to limit advertising to those individuals/organizations related to the practice of speech-language-hearing.

LSHA NEWS

Unit Ad Size	1 x Rate	4 x Rate
Full Page (7½" x 10")	\$275 _____	\$240 _____
Half-Page vertical (3¾" x 10")	\$175 _____	\$145 _____
horizontal (7½" x 5")	\$175 _____	\$145 _____
Quarter-Page vertical (3¾" x 5")	\$95 _____	\$80 _____
Business Card (3½" x 2")	\$70 _____	\$60 _____

Please circle the issue(s) you prefer:

Issues are published: Winter – December (sent by email only) Spring – April Summer – July Fall – September (sent by mail and email)

*Note: Full or associate members of LSHA receive a \$5 discount on full thru business card size and pay \$3 per line for classified advertising.

Job postings (4 months):

___ \$150 non-member
___ \$100 LSHA member

(Job listings to include: position, location, company, contact information and a brief job description-up to 60 words).

For profit CEU listing in Calendar of Events (per event):

___ \$25 w/o a website link
___ \$50 w/ a website link

Website advertising w/ logo and link:

1 year: ___ \$600 non-member
___ \$550 LSHA member
6 mo.: ___ \$450 non-member
___ \$400 LSHA member

PAYMENT METHOD: Check Visa Master Card

Card Number _____ **Exp. Date** _____

Card Holder's Name _____

Card Holder's Address _____

Signature _____

Total Amount: _____

Send to: LSHA
8550 United Plaza Blvd.
Suite 1001
Baton Rouge, LA 70809
(225) 922-4512
Fax: (225) 922-4611
Email: lsha@pn CPA.com