



2022

NABH ANNUAL MEETING

SHAPING THE FUTURE OF BEHAVIORAL HEALTHCARE

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2022 EXHIBITOR AND SPONSOR GUIDE ADVERTISING OPPORTUNITIES

NABH will distribute the 2022 edition of the NABH *Exhibitor and Sponsor Guide* to all registrants at the 2022 NABH Annual Meeting from June 13 - 15, 2022 at the Mandarin Oriental Washington, D.C. After the meeting, NABH will mail it to members and post to the NABH website: www.NABH.org. Be sure you are included in it!

CLOSING DATE

April 19, 2022: The advertiser or its agency may not cancel or make changes to orders after April 19, 2022.

AD OPTIONS

See reverse side.

REQUIREMENTS

- Ads must be submitted as high-resolution (300 dpi), flattened CMYK (not RGB) files in PDF, TIF, EPS or JPG formats.
- Please name all files this way: companyname.year.fileformat (Example: ZYZ Hospital.2022.jpg)
- Ads are subject to NABH's President/CEO's approval.
- E-mail file to both Maria Merlie at maria@nabh.org and Martin Nugent at mnugent@hagerssharp.com.

PAYMENT

- Check, Visa, MasterCard, or American Express are accepted. Please include payment with order form. (NABH Federal Tax ID number: 22-166-1978)

CHANGES

Requests for NABH's design team (including design, editing, and/or file-repair work) will be billed to the advertiser. Submitted ads that do not conform to the mechanical requirements may be subject to additional charges for adjustments and/or corrections.

FOR MORE INFORMATION

Call Maria Merlie at 202-393-6700, ext. 104, or e-mail maria@nabh.org.

National Association for Behavioral Healthcare
900 17th Street, NW, Suite 420, Washington, DC 20006-2507
202-393-6700 | NABH@NABH.org | www.NABH.org



2022 NABH EXHIBITOR AND SPONSOR GUIDE

ADVERTISING OPPORTUNITIES

Advertisement Insertion Order Form

Name: _____

Title: _____

Organization: _____

Name as you wish it to appear in the *Exhibitor and Sponsor Guide*: _____

Street: _____

City, State, Zip: _____ Fax: _____

Telephone: _____ E-mail: _____

All communications will be e-mailed or mailed to the above.

Check the box of the ad you want and circle the amount due. *NABH members receive the discounts shown below.*

AD SIZE		LIST PRICE	NABH MEMBER PRICE	DUE WITH ORDER
<input type="checkbox"/> Back Cover (full page, color)	With bleed: 8.75" x 11.25"	\$4,565	\$3,424	
<input type="checkbox"/> Inside Back Cover (full page, color)	With bleed: 8.75" x 11.25"	\$3,988	\$2,991	
<input type="checkbox"/> Inside Front Cover (full page, color)	No bleed: 7.25" x 10"	\$3,988	\$2,991	
<input type="checkbox"/> Opposite Inside Front Cover (full page, color)	With bleed: 8.75" x 11.25"	\$3,410	\$2,558	
<input type="checkbox"/> Opposite Inside Back Cover (full page, color)	No bleed: 7.25" x 10"	\$3,410	\$2,558	
<input type="checkbox"/> Full Page Inside (black & white)	With bleed: 8.75" x 11.25"	\$1,733	\$1,299	
<input type="checkbox"/> Full Page Inside (color)	No bleed: 7.25" x 10"	\$2,833	\$2,399	
<input type="checkbox"/> Half Page Inside (horizontal, b&w)	7" x 4.875"	\$1,040	\$780	
<input type="checkbox"/> Half Page Inside (horizontal, color)		\$1,590	\$1,330	
<input type="checkbox"/> Half Page Inside (vertical, b&w)	3.5" x 10"	\$1,040	\$780	
<input type="checkbox"/> Half Page Inside (vertical, color)		\$1,590	\$1,330	
<input type="checkbox"/> Quarter Page Inside (b&w)	3.5" x 4.875"	\$605	\$454	
<input type="checkbox"/> Quarter Page Inside (color)		\$880	\$729	

AD DEADLINE: APRIL 19, 2022

Payment is required with insertion order. Please e-mail your signed advertisement insertion order form to: maria@nabh.org or fax to 202-783-6041. If you are paying by check, please send your payment to: National Association for Behavioral Healthcare, P.O. Box 719048, Philadelphia, PA 19171-9048.

NABH Federal Tax ID: 22-166-1978

Questions? E-mail maria@nabh.org.

Please charge my:

Attached is my check for \$ _____ made payable to NABH.

Visa * MasterCard *

Card number: _____

Expiration date: _____

American Express **

Card holder: _____

Authorized signature: _____

*VISA/*MASTERCARD HOLDERS: you must provide your 3-digit CVV code on the back of your card: _____

**AMEX HOLDERS: please provide 4-digit code: _____