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National Association for Behavioral Healthcare

Access. Care. Recovery.



2019 NABH Membership Directory Advertising Rate Card

It's time to advertise in the *2019 National Association for Behavioral Healthcare (NABH) Membership Directory*. We hope you use this resource to target the specialized audience you want to reach!

NABH represents behavioral healthcare systems and facilities across the United States that are committed to delivering responsive, accountable, and clinically effective prevention, treatment, and care for children, adolescents, adults, and older adults with mental and substance use disorders. *These providers need resources to do that, and they need to know about you.* The decision-makers who see your ad will learn who you are and how you can help them.

Advertising in the *2019 NABH Membership Directory* positions you in front of the CEOs, COOs, presidents, chief medical officers, and other administrators of all NABH-member hospital systems and facilities that receive and use this reference throughout the year.

2019 marks the first time NABH will offer a digital as well as print edition of the directory. This publication is where behavioral healthcare providers look when they want to make referrals, find partners for joint ventures, and locate those who supply essential products and services.

The *NABH Membership Directory* includes the names, addresses, phone/fax numbers, websites, and officers (by name) of each behavioral healthcare system. Each system's facilities—specialty hospitals, behavioral health units in general hospitals, and residential treatment centers—are also listed. The directory also features a geographical listing of facilities that includes the name of each facility's administrator.

Ad Deadline: Friday, November 9, 2018

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

Advertisement Order Form

NABH members look to the service providers included in the *2019 National Association for Behavioral Healthcare Membership Directory* as problem-solvers.

Name: _____ Title: _____

Organization (Name listed will appear in the guide to advertisers; table of contents): _____

Street: _____

City, State, Zip: _____

Telephone: _____ Email: _____ Fax: _____

All communications will be sent to the above street address/email address.

Indicate the ad you want and the amount due.

AD SIZE		LIST PRICE	NABH MEMBER PRICE	AMOUNT DUE
<input type="checkbox"/> Back Cover (full page, color)	With bleed: 8.75" x 11.25"	\$4,150	\$3,113	
<input type="checkbox"/> Inside Cover (full page, color)	No bleed: 7.25" x 10"	\$3,625	\$2,719	
<input type="checkbox"/> Opposite Inside Front Cover (full page, color)	With bleed: 8.75" x 11.25"	\$3,100	\$2,325	
<input type="checkbox"/> Opposite Inside Back Cover (full page, color)	No bleed: 7.25" x 10"	\$3,100	\$2,325	
<input type="checkbox"/> Full Page Inside (black & white)	With bleed: 8.75" x 11.25"	\$1,575	\$1,181	
<input type="checkbox"/> Full Page Inside (color)	No bleed: 7.25" x 10"	\$2,575	\$2,181	
<input type="checkbox"/> Half Page Inside (horizontal, b&w)	7" x 4.875"	\$945	\$709	
<input type="checkbox"/> Half Page Inside (horizontal, color)		\$1,445	\$1,209	
<input type="checkbox"/> Half Page Inside (vertical, b&w)	3.5" x 10"	\$945	\$709	
<input type="checkbox"/> Half Page Inside (vertical, color)		\$1,445	\$1,209	
<input type="checkbox"/> Quarter Page Inside (b&w)	3.5" x 4.875"	\$550	\$413	
<input type="checkbox"/> Quarter Page Inside (color)		\$800	\$663	

Ad Deadline: Friday, November 9, 2018

Publication Date: Fall 2018

- Ads must be submitted as high-resolution (300 dpi), flattened CMYK (not RGB) files in PDF, TIFF; EPS; or JPEG formats.
- Name files as follows: companyname.MD.year. (Example: ZYZ Hospital.MD.2019.jpg.)
- Edits, file repairs, or nonconformance with mechanical requirements may incur additional charges.
- Ads are subject to NABH president/CEO's approval.
- The advertiser or its agency may not cancel orders after the closing date of Friday, November 9, 2018
- E-mail ad files to maria@NABH.org and please include jwilliams@hagersharp.com on your message.

Payment is required with application. [NABH Federal Tax ID # 22-166-1978]

Check enclosed. MasterCard *

For more information, e-mail Maria Merlie (maria@NABH.org) or call 202-393-6700, ext. 104.

Visa * American Express**

Card number: _____

Expiration date: _____

Card holder: _____

Authorized signature: _____

* NOTE: VISA AND MASTERCARD HOLDERS MUST PROVIDE THE THREE-DIGIT CVV CODE ON THE BACK OF THE CARD. _____

** AMERICAN EXPRESS CARDHOLDERS MUST PROVIDE THE FOUR-DIGIT CODE. _____