



# CHIA Advertising Contract

## Section 1: Advertiser Information

Advertiser Name: \_\_\_\_\_ Corporate Partner: Yes / No  
 Ordering Agency Name (if different): \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Address (St, City, ST, Zip) \_\_\_\_\_

## Section 2: Advertising Selection

Instructions: Refer to the appropriate section within the CHIA Advertising Packet for specific selection details, rate information, and terms & conditions. Complete all inquiries for the desired advertising selection(s) and enter the correct Sub Total.

\*For Job Board advertising, please access <http://JobBoard.CaliforniaHIA.org> and create an account to get started.

**Journal Advertising**

- Ad Type (select one):  
 \_\_\_ Inside Cover Back \_\_\_ Inside Cover Front \_\_\_ <sup>2</sup>/<sub>3</sub> Back Cover \_\_\_ Full Pg \_\_\_ <sup>1</sup>/<sub>2</sub> Pg H  
 \_\_\_ <sup>1</sup>/<sub>3</sub> Pg H \_\_\_ <sup>1</sup>/<sub>3</sub> Pg V \_\_\_ <sup>1</sup>/<sub>4</sub> Pg H \_\_\_ <sup>1</sup>/<sub>4</sub> Pg V
- Number of Issues: \_\_\_\_\_ • Starting Issue: \_\_\_\_\_

**Sub Total: \$** \_\_\_\_\_

**Website Banner Advertising**

- Hotlink URL: \_\_\_\_\_

**Sub Total: \$** \_\_\_\_\_

**E-Bulletin Advertising**

- Hotlink URL: \_\_\_\_\_
- Number of Emails: \_\_\_\_\_ • Starting Date: \_\_\_\_\_

**Sub Total: \$** \_\_\_\_\_

**Total Amount Due: \$** \_\_\_\_\_

## Section 3: Authorization

I hereby acknowledge that I am authorized to complete and return this contract. I have read, understand and agree to the terms and conditions of the specific Advertising Selection(s) that I have chosen. Submission of this contract does not waive the right of CHIA to reject this contract.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 4: Method of Payment

Payment method must be submitted with contract. CHIA accepts checks and all credit card types. An attached Purchase Order/Insertion Number will be accepted with a complete billing address for Invoice submission, and full payment must be received within 30 days.

Total Amount Paying: \$ \_\_\_\_\_  Attached PO No. \_\_\_\_\_  Enclosed Check No. \_\_\_\_\_  
 Credit Card No. \_\_\_\_\_ Exp Date (Mo/Yr): \_\_\_\_\_  
 Billing Address (if different than above): \_\_\_\_\_ Zip: \_\_\_\_\_  
 Cardholder Name (Print Name): \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

**Submit Contract to:** Mail: 5055 E McKinley Ave , Fresno, CA 93727 Fax: (559) 251-5836 E-mail: [Advertise@CaliforniaHIA.org](mailto:Advertise@CaliforniaHIA.org)  
**Electronically submit Ads to:** [Advertise@CaliforniaHIA.org](mailto:Advertise@CaliforniaHIA.org)

### For CHIA use only:

Date Received: \_\_\_\_\_ Date Confirmation e-mail Sent: \_\_\_\_\_ Ad Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Extension Offer e-mail Sent: \_\_\_\_\_ Accepted By: \_\_\_\_\_ Extended Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_