

Banner Advertising Agreement

Banner Ad Specifications

- Dimensions: 1440 pixels wide by 692 pixels deep. Keep information in the top 250 pixels of ad. Additionally a 50px by 50px thumbnail.
- Preferred file format:. JPEG or .PNG
- Please email artwork to james.prigge@ins1.org and include the URL for the web page that the banner should be linked to.

Contact Information		
Company	C	ContactName
Address	C	City/State/ZipCode
Phone	E	mail
	Cost	Rate
	One Month	\$995
	Two Months	\$1,990
	Three Months	\$2,685
	Four Months	\$3,580
	Six Months	\$5,170
TOTAL DUE \$		
Payment Information		
Payment must be subm	itted in full prior to ban	ner being posted on website.
\Box Please invoice us.		
\Box _AmericanExpress	MasterCard 🗌 Visa	
Cardholder's Name		Signature
CardNumber		Expiration Date

Please return your completed agreement and payment to: Meghan Trupiano, CMP Infusion Nurses Society One Edgewater Drive | Suite 209 | Norwood, MA 02062 (781) 440-9408 x335 • meghan.trupiano@ins1.org