Advertising Insertion Order

Organization Name ____________________________________________

Contact Person ____________________________________________

Address __________________________________________________________________________

City, State, Zip ___________________________________________________________________

Phone ___________________________ Fax ___________________________ E-mail ___________________________

Signature ____________________________________________ Date ____________________________

AD SIZES/RATES
Ad space is sold on a first-come, first-served basis and may be limited. You will be contacted if we are unable to place your ad in the issue you have selected.

College Health and Wellness in Action

<table>
<thead>
<tr>
<th></th>
<th>Sustaining Member</th>
<th>Nonmember</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-screen optimized ad (single issue)</td>
<td>$1,000 (per issue)</td>
<td>$2,000 (per issue)</td>
</tr>
<tr>
<td>Full-screen optimized ad (4 issues/full year) 20% discount</td>
<td>$3,200 (per 4 issues)</td>
<td>$6,400 (per 4 issues)</td>
</tr>
</tbody>
</table>

Healthy Campus Executive Update

<table>
<thead>
<tr>
<th></th>
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<th>Nonmember</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-screen optimized ad (single issue)</td>
<td>$1,000 (per issue)</td>
<td>$2,000 (per issue)</td>
</tr>
<tr>
<td>Full-screen optimized ad (3 issues/full year) 20% discount</td>
<td>$2,400 (per 3 issues)</td>
<td>$4,800 (per 3 issues)</td>
</tr>
</tbody>
</table>

SELECT ISSUE FOR INSERTION:

<table>
<thead>
<tr>
<th>Healthy Campus Executive</th>
<th>College Health in Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ Summer 2020</td>
<td>❑ Spring 2020</td>
</tr>
<tr>
<td>❑ Fall 2020</td>
<td>❑ Summer 2020</td>
</tr>
<tr>
<td>❑ Winter/Spring 2021</td>
<td>❑ Fall 2020</td>
</tr>
<tr>
<td></td>
<td>❑ Winter 2021</td>
</tr>
</tbody>
</table>

Subtotal (from selection above) $___________

Less 5% for advertising in both publications $___________

Less 5% for Annual Meeting advertisers/exhibitors/sponsors $___________

TOTAL DUE $___________

continued on next page
PAYMENT

___ via Invoice
___ Check (payable to the American College Health Association)
___ Credit Card    ___ Visa    ____ MasterCard    ____ American Express
Card Number ____________________
Card Security Code _______ Exp. Date ______ Billing Zip ________
Cardholder Name ___________________________________________
Cardholder Signature ________________________________________

ARTWORK SPECIFICATIONS
Ads will be published as is from provided digital files. ACHA will not design or format ads nor be responsible for quality of original files. Digital artwork is accepted via e-mail in these formats: JPG or PNG files that have embedded fonts and are optimized for the web.

TERMS
ACHA reserves the right to refuse advertisements. Advertisers may not depict, reproduce, or distribute images of American College Health Association (ACHA) products or resources, including ACHA corporate or project names (including the acronym ACHA), logos, cover art, or other proprietary images or information belonging to ACHA in any form. Additionally, the contents of all material on the ACHA website (www.acha.org), including the design and organization, are copyrighted by ACHA unless otherwise indicated. Content may not be reproduced, disseminated, published, or transferred in any form or by any means, except with the prior written permission of ACHA.

SEND INSERTION ORDER, ARTWORK, OR QUESTIONS TO...
Danielle Monroe, Editor
tel: 443-270-4565
fax: (410) 859-1510
e-mail: dmonroe@acha.org

Remittance address for payment (you may fax if paying by credit card or PO):
ACHA Action Advertising
P. O. Box 419224
Boston, MA, 02241-9224

Please be sure to include this order form with your payment.