

HCP MEDIA KIT



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www.homecareinfo.org Featured Provider Advertising

HCP will help you reach the most influential decision makers in the home care industry using flexible advertising options designed to maximize your exposure and ensure that your message reaches the right audience.

Generate revenue and build new customers!

- Target your advertising to reach those who need your products and services
- Create instant brand recognition for your organization
- Drive revenue by promoting your products and services
- Maintain a consistent presence to build top-of-mind awareness
- Reach your audience cost-effectively

Customized packages available!

HCP will develop customized advertising programs that meet your specific budget, marketing and sales goals. Call today to receive a customized proposal.

For more information or to discuss how HCP advertising can help grow your business, contact Marissa Crary at 518.463.1118, ext. 824 or crary@nyshcp.org.



Home care. Health care. Your care . . . *for life.*[®]

HCP Website Advertising

The HCP website is a prime location for your advertising message!

HCP’s website, www.nyshcp.org, is visited every day by home care agencies, case managers, health care professionals and government officials.

HCP website advertising opportunities

Ads can be purchased to reach key decision makers in the home care community. All ads include links to your website. Specific page placement requests will be handled on a first-come, first-served basis. **ALL ads must be supplied as final electronic files according to the ad specifications below.**

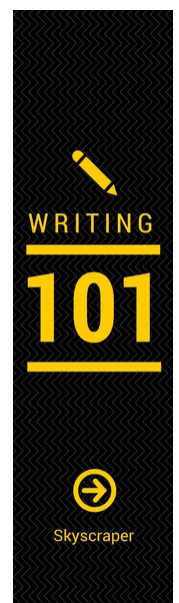
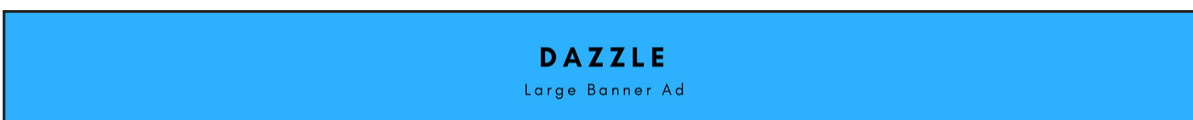
Ad Specifications

Website ads must be jpg format and must be a minimum of 150 dpi and RGB or grayscale. All ads must be ready-to-post according to the specifications outlined.

HCP Website Rates

	1 month		6 months		12 months	
	NM	Member	NM	Member	NM	Member
Large Banner ad (1200x116)	\$ 400/mo	\$ 350/mo	\$ 350/mo	\$ 250/mo	\$ 200/mo	\$ 150/mo
Large Box ad (336x280 pixels)	\$ 325/mo	\$ 220/mo	\$ 290/mo	\$ 160/mo	\$ 180/mo	\$ 125/mo
Skyscraper (160x600)	\$ 220/mo	\$ 145/mo	\$ 175/mo	\$ 110/mo	\$ 145/mo	\$ 75/mo
Small Banner ad (728x90 pixels)	\$ 175/mo	\$ 100/mo	\$ 150/mo	\$ 75/mo	\$ 125/mo	\$ 50/mo

Ad Size Examples *(not actual size)*





Advertising Contract - HCP Website

3 ways to submit - Fax your signed contract and credit card payment to 518.463.1606, email your completed contract to hcp@nyshcp.org.

or mail your contract and payment to HCP, 20 Corporate Woods Blvd., 2nd Floor, Albany, NY 12211

Please complete ALL of the information below and submit with your payment. Only FULLY COMPLETED, signed contracts received with payment will be binding.

Company Information

Organization Name: _____
 Contact Name: _____ Title: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email: _____ Website: _____

HCP Website Rates

	1 month		6 months		12 months	
	NM	Member	NM	Member	NM	Member
Large Banner ad (1200x116)	\$ 400/mo	\$ 350/mo	\$ 350/mo	\$ 250/mo	\$ 200/mo	\$ 150/mo
Large Box ad (336x280 pixels)	\$ 325/mo	\$ 220/mo	\$ 290/mo	\$ 160/mo	\$ 180/mo	\$ 125/mo
Skyscraper (160x600)	\$ 220/mo	\$ 145/mo	\$ 175/mo	\$ 110/mo	\$ 145/mo	\$ 75/mo
Small Banner ad (728x90 pixels)	\$ 175/mo	\$ 100/mo	\$ 150/mo	\$ 75/mo	\$ 125/mo	\$ 50/mo

Please indicate ad type, frequency and insertion dates:

Ad Type: _____ Length: 1mo 6 mos 12 mos Dates: _____ through _____

Ad Materials: All ads must be in final electronic format and be ready-to-post.

Preferred Web page Placement (add 20%). Place ad on the following Web page: _____

Banner/Button Ad Rate Calculation

HCP member rate applied Non-member rate applied
 \$ _____ rate x _____ frequency (# mos) \$ _____
 Preferred Web Page Placement (add 20%) \$ _____
Total ad cost: \$ _____ (make checks payable to HCP)

Total website advertising: \$ _____
 (make checks payable to HCP)

HCP Website Advertising Policies & Procedures

Only advertising contracts received with payment will be binding. Advertisers must abide by all HCP policies relating to payment of monies due. HCP reserves the right to reject any advertisement it does not deem as suitable. Website ads must be jpg format and must be a minimum of 150 dpi and RGB or grayscale. All ads must be ready-to-post according to the specifications outlined.

I am a duly authorized party to bind this agreement, and hereby agree to the above: Date: _____

Authorized Signature: _____ Print Name: _____

HCP website ad payment Pre-payment in full is required. Advertising is not refundable or transferable.

Check (payable to HCP) OR Credit Card Payment: Visa MasterCard Discover
 Card#: _____ Exp. Date: _____ Security Code*: _____
 Cardholder Name: (print) _____ *3 or 4 digit code located on the front or back of the card
 Cardholder Signature: _____

Questions? Call 518.463.1118, ext. 824.

Display Advertising

The *HCP Insider* is HCP's most well-respected and well-read e-newsletter. Recipients eagerly await the *Insider* every Friday to get the latest news and information on the home care industry, public policy issues and HCP events. The *HCP Insider* also highlights upcoming educational sessions produced by CHC.

Published specifically for HCP members, it is also distributed to New York State agencies, Congressional representatives and legislative professionals across New York.



Quick Stats

- Circulation: 600+ Members; Non-members (NM), 100
- Distribution: Email with hyperlink to downloadable pdf file
- Frequency: Weekly every Friday (48 issues)
- Audience: HCP members; policymakers, legislators and legislative staff
- Features: Live links to Web site; interactivity between document and HCP/CHC Web sites

Display Advertising to promote products or services.

4 color or B&W ad accepted. High resolution pdf or other camera-ready file required. Deadline is Wednesday for a Friday placement; payment in advance required.

Other display advertising sizes are available upon request. Please contact HCP for more information.

	1x		6x		12x	
	NM	Member	NM	Member	NM	Member
Full Page or insert (7.5" x 9.5")	\$ 600	\$ 450	\$ 520	\$ 390	\$ 470	\$ 345
1/2 pg Vertical/Horizontal (3.75" x 9.5" / 7.5" x 4.75")	\$ 375	\$ 275	\$ 340	\$ 250	\$ 310	\$ 235
Banner ad (bottom page placement only) (7.5" x 2")	\$ 290	\$ 160	\$ 250	\$ 125	\$ 220	\$ 100



HCP Insider Display Advertising Contract

3 ways to submit - Fax your signed contract and credit card payment to 518.463.1606, email your completed contract to hcp@nyshcp.org, or mail your contract and payment to HCP, 20 Corporate Woods Blvd., 2nd Floor, Albany, NY

Please complete ALL of the information below and submit with your payment. Only FULLY COMPLETED, signed contracts received with payment will be binding.

Company Information

Organization Name: _____
 Contact Name: _____ Title: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Email: _____

Display Ad Sizes and Rate Per Insertion

		1x NM	1x Mbr	6x NM	6x Mbr	12x NM	12x Mbr
Full Page	7.5" x 9.5"	\$ 600	\$ 450	\$ 520	\$ 390	\$ 470	\$ 345
1/2 pg vert/horiz	3.75" x 9.5"(v) 7.5" x 4.75"(h)	\$ 375	\$ 275	\$ 340	\$ 250	\$ 310	\$ 235
Banner Ad	7.5" x 2"	\$ 290	\$ 160	\$ 250	\$125	\$ 220	\$ 100

Other sizes are available upon request, please contact HCP for rates.

Please indicate display ad size, frequency and insertion dates:

Size: Full Page 1/2 pg vertical 1/2 pg horizontal Banner ad Other _____
 Frequency/Date(s): 1x Date: _____ 6x Dates: _____
 12x Dates: _____

Advertising materials

Ad material enclosed. Ad headline: _____
 Preferred Placement (add 20%) _____

Display ad rate calculation

HCP member rate applied Non-member (NM) rate applied

Rate: \$ _____ x _____ insertions = \$ _____

Preferred Placement (add 20%) \$ _____

Total Insider display ad cost: \$ _____ (make checks payable to HCP)

HCP Display Advertising Policies & Procedures

Only advertising contracts received with payment will be binding. Electronic ad copy is required and PDF for print is preferred. HCP reserves the right to reject any advertisement it does not deem as suitable. Email ad copy to Marissa Crary at crary@nyshcp.org. Advertisers must abide by all HCP policies relating to payment of monies due.

I am a duly authorized party to bind this agreement, and hereby agree to the above:

Authorized Signature: _____ Print Name: _____ Date: _____

HCP Insider display ad payment *Pre-payment in full is required. Advertising is not refundable or transferable.*

Check (payable to HCP) OR Credit Card Payment: Visa MasterCard Discover

Card#: _____ Exp. Date: _____ Security Code*: _____
*3 or 4 digit code on front/back of card

Cardholder Name: (print) _____

Cardholder Signature: _____

Classified (Help Wanted) Advertising

Advertise help wanted, items for sale or other notifications using classified ads in the *HCP Insider*!

The *HCP Insider* is HCP's most well-respected and well-read e-newsletter and the ideal vehicle to reach home care decision makers with your classified ad. Published every Friday, the *Insider* is distributed exclusively to HCP members.

Quick Stats

- Circulation: 600+ Members; Non-members, 100
- Distribution: Email with hyperlink to downloadable pdf file
- Frequency: Weekly every Friday (48 issues)
- Audience: HCP members; policymakers, legislators and legislative staff
- Features: Live links to Web site; interactivity between document and HCP/CHC Web sites



Instructions for placing a classified/help wanted ad:

- Write your help wanted or other ad and decide the dates you want the ad to run.
- Email your ad copy and the dates you wish to run the ad to Marissa Cray at cray@nyshcp.org or 518.463.1118, ext. 824. **FOR AN AD TO RUN ON FRIDAY, THE AD COPY MUST BE RECEIVED NO LATER THAN WEDNESDAY; PAYMENT IS REQUIRED BY FRIDAY NOON.**
- HCP will format the ad, determine cost and provide information, contract and invoice to advertiser for approval.
- Upon receipt of signed contract and advance payment by advertiser, HCP will place ads as requested.

Classified ad rates:

	1x		6x		12x	
	NM	Member	NM	Member	NM	Member
Classified ad rates	\$85/col in	\$45/col in	\$75/col in	\$40/col in	\$60/col in	\$30/col in



HCP Insider Classified (Help Wanted) Advertising Contract

3 ways to submit - Fax your signed contract and credit card payment to 518.463.1606, email your completed contract to hcp@nyshcp.org, or mail your contract to HCP, 20 Corporate Woods Blvd., 2nd Floor, Albany, NY 12211

Company Information

Organization Name: _____
 Contact Name: _____ Title: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Email: _____

Classified Advertising Instructions

FOR AN AD TO RUN ON FRIDAY, THE AD COPY MUST BE RECEIVED NO LATER THAN WEDNESDAY; PAYMENT IS REQUIRED BY FRIDAY NOON.

- Write your help wanted or other ad and decide the dates you want the ad to run.
- Email your ad copy and the dates you wish to run the ad to Marissa Crary at crary@nyshcp.org or 518.463.1118, ext. 824.
- HCP will format the ad, determine cost and provide information, contract and invoice to advertiser for approval.
- Upon receipt of signed contract and advance payment by advertiser, HCP will place ads as requested.

Classified ad rates (based on # column inches)	1x		6x		12x	
	NM	Member	NM	Member	NM	Member
	\$85/col in	\$45/col in	\$75/col in	\$40/col in	\$60/col in	\$30/col in

Classified Advertising Information

Column Inch Size: _____
 (submit copy to HCP to determine number of column inches)
 Rate: _____ (per column inch)
 Size x Rate: _____ (cost per insertion)
 Frequency: _____ (number of insertions)
 Insertion Dates: _____
Total Classified Advertising Cost: _____

HCP Classified Advertising Policies & Procedures

Only advertising contracts received with payment will be binding. HCP reserves the right to reject any classified/help wanted advertisement it does not deem as suitable. Email ad copy to hammar@nyshcp.org. Advertisers must abide by all HCP policies relating to payment of monies due.

I am a duly authorized party to bind this agreement, and hereby agree to the above:

Authorized Signature: _____ Print Name: _____ Date: _____

HCP Insider classified advertising payment

Pre-payment in full is required. Advertising is not refundable or transferable.

Check (payable to HCP) OR Credit Card Payment: Visa MasterCard Discover
 Card#: _____ Exp. Date: _____ Security Code*: _____
 Cardholder Name: (print) _____ *3 or 4 digit code located on the front or back of the card
 Cardholder Signature: _____



homecareinfo.org Advertising

HCP Home Care Consumer Information Web Source

HCP's exclusive consumer section contains information for consumers about home care, how to select an agency, how to pay for home care, links to numerous consumer resources and more. The HCP Provider Search Engine, where consumers can locate a home care agency in their area, receives over 1,000 hits per month.

Special Opportunities Exclusively for HCP Provider Members

Featured Provider — consumers who visit the HCP Web site or the consumer website, homecareinfo.org, can use the "Find a Provider" search engine to locate a provider in their area from among hundreds of HCP member agencies. HCP Provider members automatically receive a free listing with a link to their website as one of the many benefits of membership.

- ◆ Members can increase exposure and business by investing in Featured Provider promoted listing which puts your company's name and website link at the top of the search results listing.
- ◆ Members who purchase a promoted listing will also have their name and website link featured on the HCP website home page on a rotating bases as a Featured Provider.

HCP Members Only - Featured Provider listing* *Annual commitment required.*

Featured Provider in Provider Search Engine	Up to 5 branches	\$375/year
	6+ branches	\$425/year

***INCLUDES ROTATION AS A FEATURED PROVIDER ON HCP'S HOME PAGE.**

Please select one: Featured Provider (up to 5 branches) Featured Provider (6 or more branches)

Contract start date (month/year): _____ Contract end date (month/year) : _____

Please list the website URL or an email address for your Featured Provider listing Links. Data on services offered and counties served will be taken from your membership application. (Print clearly)

Up to 5 branches - \$375/year	\$ _____
6+ branches - \$425/year	\$ _____
Total	\$ _____

Please complete ALL of the information below and submit with your payment. Only FULLY COMPLETED, signed contracts received with payment will be binding.

Company Information

Organization Name: _____

Contact Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____ Website: _____

Payment *Pre-payment in full is required. Advertising is not refundable or transferable.*

Check (payable to HCP) OR Credit Card Payment: Visa MasterCard Discover

Card#: _____ Exp. Date: _____ Security Code: _____

Cardholder Name: (print) _____

Cardholder Signature: _____

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