



Champaign County Health Care Consumers

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CCHCC Adbook Form

- | | | |
|---------------------------------------|--------------------------------|-------|
| <input type="checkbox"/> Gold Page* | (4.5w x 7.25h) | \$400 |
| <input type="checkbox"/> Full Page | (4.5w x 7.25h) | \$175 |
| <input type="checkbox"/> Half Page | (4.5w x 3.5h) | \$110 |
| <input type="checkbox"/> Quarter Page | (2.25w x 3.5h or 3.5w x 2.25h) | \$65 |

** specify backpage, back inside cover, or front inside cover*

Total Enclosed: \$ _____ Make checks payable to CCHCC

Organization or Business _____

Contact Name _____

Address _____

City/State/Zip _____

Phone _____

E-mail _____

- Ads may be submitted by email or mail.
- **By email:** send to cchcc@healthcareconsumers.org as an attachment. It should either be a .tiff or .pdf file at 300dpi resolution. **Do not embed photos in Word files.**
- **By mail:** enclose scannable art or print ad as you wish it to appear in the adbook.
- **The adbook is black and white**, so please submit ads in black and white or grayscale.

Ads must be received by March 24, 2017.

Half Page

Quarter Page