



**ADVERTISE IN THE 2010-11 MH/DD/SA DIRECTORY**

**ADS DUE BY MARCH 15, 2010**

**Directions:** Complete form below and check the type of advertisement, then fax (919) 755-0697 or mail this form along with a check made payable to "NC Council of Community Programs" 505 Oberlin Road, Suite 100, Raleigh, NC 27605. Send ads to [jean@nc-council.org](mailto:jean@nc-council.org) or call with questions (919) 327-1510

**ADVERTISE IN 2010 DIRECTORY**

	<u>Price</u>
___ Full Page Ad (7 1/2" (h) x 4 1/2" (w))	\$550
___ Half Page Ad (3 3/4" (h) x 4 1/2" (w))	\$300
___ Inside Front Cover Ad (7 1/2" (h) x 4 1/2" (w))	\$1,000
___ Outside Back Cover Ad (7 1/2" (h) x 4 1/2" (w))	\$1,500
___ Inside Back Cover Ad (7 1/2" (h) x 4 1/2" (w))	\$800
___ Tab Page Ads (7 1/2" (h) x 4 1/2" (w))	\$700
___ Provider or Vendor Listing	\$100
___ Expanded Provider Listing	\$150
<b><i>Do both a Listing &amp; Advertisement and SAVE \$\$\$</i></b>	
___ Provider Listing & Full Page Ad	\$600 <b>(Save \$50)</b>
___ Provider Listing & Half Page Ad	\$375 <b>(Save \$25)</b>
___ Expanded Provider & Half Page	\$425 <b>(Save \$25)</b>
___ Expanded Provider & Full Page Ad	\$650 <b>(Save \$50)</b>

TOTAL \$ \_\_\_\_\_

**COMPLETE INFO BELOW FOR TABLE OF CONTENTS - X APPROPRIATE CATEGORY(S):**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> MENTAL HEALTH   | <input type="checkbox"/> DEVELOPMENTAL DISABILITIES |  |
| <input type="checkbox"/> SUBSTANCE ABUSE | <input type="checkbox"/> DD CASE MANAGEMENT         | <input type="checkbox"/> MR/MI ADULT   |
| <input type="checkbox"/> CHILD SERVICES  | <input type="checkbox"/> SPECIALTY SERVICES         | <input type="checkbox"/> CAP/MR-DD     |
|  | <input type="checkbox"/> DUAL DIAGNOSIS (MH/SA)     | <input type="checkbox"/> MOBILE CRISIS |

SERVICE REGIONS:                     REGIONAL                     LOCAL                     STATEWIDE

ORGANIZATION NAME \_\_\_\_\_

CONTACT NAME/TITLE \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

Check if appropriate: \_\_\_ WE WILL PAY BY CREDIT CARD (Call Karen or Aviance at 919-327-1500).