



Florida Health Care Activity Coordinators Association

"Blue Pages"

FHCACA has added an exciting new advertising program called the "Blue Pages" to our website. These listings (similar to what we all know as Yellow Pages") will be available as a low cost and excellent opportunity for our members, friends, vendors, entertainers, facilities, and any other person or business interested in advertising themselves or their services on our website. <http://www.FHCACA.org>

These listings are not only viewable by FHCACA members but also the thousands of visitors we have on our website. **What a Better Way to Showcase Your Service to the People Who Use Them – and at the low cost we are offering it for?**

The cost of your business card ad is only \$10.00 and good for One (1) FULL Year!

Add Your Business Card Digitally for \$50.00 for one Full Year LINKED to your website.

If you are interested in other advertising on the FHCACA website or with FHCACA, please contact: **Mary Spikes**, FHCACA Past President for a complete list of advertising rates at marydspikes1@aol.com

Please circle the category that best describes your business (Only one please). All business cards ads are categorized alphabetically.

FHCACA Member | Friends of FHCACA | Health Care Facility | Entertainment | Other

Note about the artwork or business card you provide:

The best method for a nice clean ad is for you to provide the artwork as a .jpg or .pdf (typically your printer would have this on file). Otherwise, your business card will be scanned and then placed on the site which could result in lower quality as opposed to artwork. Your ad size is 2" x 3-1/2" which is the same as a business card – so if you have a two sided business card, you may want to consider purchasing two ads so you have all information and increase your visibility! Please call if you have any questions.

Mail Completed Form, Payment and Business Card to:

Mary D. Spikes
FHCACA State Treasurer
P.O. Box 21492, St. Petersburg, FL 33742

(Please PRINT)

Name: _____

Facility/Business: _____

Address: _____

Phone number: _____

Check #: _____ District # if applicable: _____

Please make all checks payable to FHCACA

CREDIT CARD INFORMATION:

Charge To: Visa MasterCard AMEX Discover

Name on Card: _____

Card #: _____

Exp. Date: _____ Security Code: _____

Fax #: _____

Billing Address: _____

City /State: _____ Zip _____

Amount Authorized: _____

Email or text for receipt: _____

Signature: _____

THANK YOU for participating and showing your support for FHCACA.