

2023 FAMILY Caregiver RESOURCE GUIDE
 Albuquerque & Surrounding Areas

CONTRACT

DATE: _____

ACCOUNT NAME: _____

AD SIZE (CHECK ONE):

- FULL PAGE (\$1,700) 3/4 PAGE (\$1,450) 1/2 PAGE (\$1,250) 1/4 PAGE (\$750) BANNER (\$500) BOX (\$425)

PREMIUM PLACEMENT (OPTIONAL, TALK TO YOUR REP FOR AVAILABILITY AND SPECIFICATION):

- BACK COVER (\$3,200) INSIDE BACK COVER (\$2,500) INSIDE FRONT COVER (\$2,500)

AD TOTAL: _____

DISPLAY ADS COME WITH 3 ONE LINE LISTINGS, OR 1 THREE LINE LISTING.
 PLEASE SELECT UP TO 3 CATEGORIES BELOW.

** SPACE RESERVATIONS DUE BEFORE AUGUST 30TH • ALL ART DUE BY SEPTEMBER 30TH **

GENERAL RESOURCES

- HOME MAINTENANCE/HANDYMAN SERVICES
- HOME ACCESSIBILITY MODIFICATIONS
- INFORMATION EMERGENCY SERVICES
- FOOD ASSISTANCE
- ACCESS & MOBILITY EQUIPMENT
- GROUPS & ORGANIZATIONS
- RETAIL
- SENIOR SERVICES
- SERVICES FOR THE DISABLED
- TRACKING & LOCATING SERVICES
- TRANSPORTATION SERVICES
- VETERANS SERVICES

HEALTH

- ACUPUNCTURE

- ADULT DAY SERVICES/ADULT DAY CARE
- BEHAVIORAL HEALTH
- CANCER CARE
- CASE OR CARE MANAGEMENT
- CLINIC LOCATIONS - URGENT CARE
- HEARING
- HOSPITALS
- MEDICAL SUPPLIES/EQUIPMENT
- PHARMACY
- VISION

HOME CARE

- HOME HEALTH SERVICES MEDICAL
- HOME HEALTH SERVICES NON-MEDICAL
- PERSONAL CARE AT HOME
- PERSONAL EMERGENCY RESPONSE SYSTEMS

RESPIRE CARE

BENEFITS, ASSISTANCE & INSURANCE

- BENEFITS/ASSISTANCE
- INSURANCE ASSISTANCE
- MEDICARE

LEGAL & FINANCIAL

- ESTATE PLANNING/WILLS/ SENIOR LAW PRACTICES
- FINANCIAL SERVICES
- GUARDIANSHIP/ CONSERVATORSHIP/ POWER OF ATTORNEY
- INSURANCE
- LEGAL AID
- REVERSE MORTGAGES

RESIDENTIAL

- ALZHEIMER'S/MEMORY CARE
- ASSISTED LIVING

- INDEPENDENT LIVING/ ACTIVE ADULT COMMUNITIES
- NURSING HOMES
- REAL ESTATE SERVICES
- REVERSE MORTGAGES
- SENIOR HOUSING REFERRAL
- SKILLED INTERMEDIATE CARE

END-OF-LIFE SERVICES

- FUNERAL PRE-PLANNING
- FUNERAL PRODUCTS & SERVICES
- HOSPICE

1 LISTING LINE \$175 EACH ADDITIONAL LINE \$50 NUMBER OF LINES _____ SUBTOTAL _____ TOTAL WITH TAX _____
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- SAME LISTING APPEARANCE AS LAST YEAR NEW (PLEASE TYPE HOW THE LISTING SHOULD APPEAR BELOW)

COMMENTS: _____

PAYMENT INFORMATION: CHECK ENCLOSED WILL MAIL CHECK VISA MASTERCARD AMEX

CONTACT AGENCY AND/OR PERSON: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ WEBSITE: _____

PHONE: _____ FAX: _____

CLIENT SIGNATURE: _____ DATE: _____

PRIME TIME REPRESENTATIVE SIGNATURE: _____ DATE: _____