

2023 FAMILY
Caregiver
 Santa Fe RESOURCE
 GUIDE

CONTRACT

DATE: _____

ACCOUNT NAME: _____

AD SIZE (CHECK ONE):

FULL PAGE (\$1,200) 3/4 PAGE (\$1,050) 1/2 PAGE (\$900) 1/4 PAGE (\$550) BANNER (\$400) BOX (\$225)

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

BACK COVER (\$2,200) INSIDE BACK COVER (\$1,700) INSIDE FRONT COVER (\$1,700)

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 NOVEMBER 15TH • ALL ART DUE BY NOVEMBER 30TH **

GENERAL RESOURCES

- HOME MAINTENANCE/
HANDYMAN SERVICES
- HOME ACCESSIBILITY
MODIFICATIONS
- FOOD ASSISTANCE
- ACCESS & MOBILITY
EQUIPMENT
- GROUPS & ORGANIZATIONS
- SENIOR SERVICES
- SOCIAL SERVICES
- SERVICES FOR THE
DISABLED
- TRANSPORTATION
SERVICES
- VETERANS SERVICES

HEALTH

- ACUPUNCTURE
- ADULT DAY SERVICES/
ADULT DAY CARE
- BEHAVIORAL HEALTH

- CANCER CARE
- CASE OR CARE
MANAGEMENT
- 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

**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 \$150
EACH ADDITIONAL LINE \$45
NUMBER OF LINES _____
SUBTOTAL _____
TOTAL W/ TAX _____

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: _____