



# WCN Digital Advertising Contract

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Website Link: \_\_\_\_\_

Artwork Contact Name/Phone/Email: \_\_\_\_\_

## ADVERTISING OPTIONS Circle One

350px  
X  
350px

350px X 350px  
\$120/month  
\$1,200/12 months

700px X 350px

700px X 350px  
\$150/month  
\$1,500/12 months

350px  
X  
700px

350px X 700px  
\$150/month  
\$1,500/12 months

1400px X 350px

1400px X 350px  
\$180/month  
\$1,800/12 months

Advertiser will provide digital artwork for their ad space in jpeg format at a resolution of 72 pixels/inch. Otherwise, advertiser may employ WCN staff to create ad for advertiser at a design rate of \$75/hr.

**I would want my ad to run on the WCN Nursing Schools & Programs page from:**

**Date:**

I understand that I am fully responsible for providing my advertisement in jpeg format to Wisconsin Center for Nursing, (WCN), or I am authorizing WCN to design it for me at the rate described above. I understand my advertisement will remain the same after proof approval unless changes are mutually agreed upon. I understand the location on the digital web page is at the discretion of WCN. I understand and agree WCN shall determine the appropriateness of any advertisement provided by me and that WCN reserves the right at its sole discretion to reject the format, form and/or content of my advertisement or to otherwise refuse to place my advertisement. If WCN determines not to accept my advertisement, my payment will be returned to me. I agree that payment in full will be made to WCN upon final acceptance of my final ad proof and that my ad will not run until full payment is made.

Authorized Signature

Date