



UNIVERSITY OF THE PHILIPPINES INTERNATIONAL NURSING AND HEALTHCARE FORUM
26931 Fort Apache Circle, Lake Forest, California, U.S.A. 92630 / www.upinhf.org

2018 Yearbook Advertising Contract

SUBMISSION DEADLINE FOR CAMERA-READY ADS: JULY 1, 2018

UPINHF INC is authorized to insert a _____ page advertisement in the 2017 UPINHF Yearbook to be published by UPINHF INC for which the undersigned agrees to pay the sum of \$ _____ and UPINHF INC hereby agrees to insert paid advertisement for the agreed sum.

Please email your camera-ready ads by July 1, 2018 to Maggie Ongkiko at mlongkiko73@yahoo.com and cc Tony Abad at aabad712@aol.com. If not camera-ready, please add \$10.00 per picture to the advertising rate and e-mail your photos and advertisement / message to the two aforementioned e-mail addresses.

ADVERTISEMENT RATE:

Outside back cover \$350.00
Inside front cover \$350.00
Inside back cover \$300.00
Full page \$100.00
****Half page \$50.00**
****Quarter Page \$25.00**
****Patron, Name Only \$20.00**

**** Not eligible to receive a free copy of the yearbook. To receive a hard copy of the yearbook, please pay an additional \$35.00 per copy.**

NOTE: An advertiser, who is eligible to receive a free copy of the yearbook and is unable to attend the August 4, 2018 events but would like a copy of it mailed to him/her, needs to pay an additional \$7.00 for postage & include the shipping instructions with his/her payment.

Firm/Advertiser's Name

Authorized Signature

Business or Home Address

E-mail Address

Phone Number

PAYMENTS MUST ACCOMPANY THIS CONTRACT

Make your check/money order payable to UPINHF INC
Mail the signed contract with your check/money order to
UPINHF c/o Iren B. Roldan
26931 Fort Apache Circle, Lake Forest, California, USA 9263

Treasurer's Contact Info:

Tel. #: 949-275-5343

E-mail: irenibr3@gmail.com & cc irenibr2@aol.com

AD SPACE _____ SOLICITOR'S SIGNATURE: _____

SOLICITOR'S PRINTED NAME: _____ CLASS AFFILIATION: _____

For Office use:

Amount: _____ Date received: _____ By: _____

ADVERTISING CONTRACT RECEIPT

RECEIVED FROM _____ ON _____

THE SUM OF \$ _____ FOR _____ PAGE AD IN THE 2018 UPINHF YEARBOOK

CHECK #: _____ DATE: _____ TREASURER'S SIGNATURE: _____



UPINHF

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2017 - 2018 Information Sheet & Membership Form

UPINHF Life/Associate Life Membership Fee (Discounted): \$100.00

After August 4, 2018, the Life/Associate Membership Fee will be \$150.00

Annual Membership Rate: \$50.00 / year

**Please mail the completed form and payment on or before August 4, 2018
to avail of the discounted life/associate membership fee**

**Make your check or money order payable in US dollars to UPINHF INC and mail it to
UPINHF**

c/o Iren B. Roldan

26931 Fort Apache Circle,

Lake Forest, California, U.S.A. 92630

Treasurer's Phone # (949) 275-5343 / Email: irenibr3@gmail.com & irenibr2@aol.com

Please complete the Information Sheet below.

1. You may submit your advertisement using your solo and/or family picture. If your ad is **camera-ready**, use the advertisement rate on the contract and e-mail to mlongkiko73@yahoo.com and cc aabad712@aol.com.
2. If not **camera-ready**, please add \$10.00 per picture to the advertisement rate. Please write your name and address on the back of the picture(s) or e-mail your photos & ad/message to the two aforementioned e-mail addresses.
3. If you prefer to solicit ads or sponsors, please use the attached solicitation form.

PLEASE PRINT LEGIBLY

First Name _____	Maiden / Middle Name _____	Married / Last Name _____
Credentials: _____		
Degrees and Class Affiliation _____	Institution _____	_____
Other Degrees _____	Institution _____	Year Obtained _____
Home Address: _____		
Mailing Address (if different from above): _____		
E-mail Address: _____		
Home Tel. # _____	Mobile Phone # _____	_____
I am a UPINHF Member (Please check): Founding Member _____ Life Member _____ Associate _____ Annual _____		
I'm interested in joining as a Life Member _____ Associate Life Member _____ Annual Member _____		
Present positions/hospital/institution: _____		
Past positions/hospital/institutions: _____		
Professional and socio-civic involvements: _____		
Outstanding achievements/awards: _____		
SPOUSE'S NAME: _____		Spouse's Profession: _____
Attachments (If Any): _____ Curriculum Vitae _____ Others (Please Specify): _____		