



1821 University Ave W, Ste S256  
 St. Paul, MN 55104-2897  
 (651) 917-6255 Phone  
 (651) 917-1835 Fax  
 office@hrpmn.org  
 www.hrpmn.org

## Online Newsletter Advertising Guidelines and Rates

### Circulation:

There are approximately 250 members of HRP-MN. With members forwarding newsletters within their organizations and their associates, the total circulation is well over 350.

### Deadline:

The deadline for submitting an ad is the first Wednesday of the month preceding the desired month of publication. (For example, an ad that is to run in the November issue of the newsletter must be received by HRP-MN by the first Wednesday of October.)

### Rates & Dimensions:

Size (width x height)	Member Rate*	Nonmember Rate*
Full Page (6.75" W x 9.25" H)	\$190	\$230
Half Page (6.75" W x 4.63" H)	\$125	\$150
Full Column (2" W x 9.25" H)	\$100	\$125
Quarter Page (3.25" W x 4.63" H)	\$75	\$95
Half Column (2" W x 4.63" H)	\$50	\$60
Business Card (3.5" W x 2" H)	\$40	\$50

\*In certain circumstances, there may be a setup fee in addition to the rates listed above. These circumstances include, but are not limited to, the following: If the file you submit is not translatable, if the size of the ad does not comply with the dimensions noted above, if a font is not clear, or if a graphic or logo does not reproduce well.

### Submission & Format of Advertisement:

All ads must be submitted in JPG format via e-mail to [klmyers@nonprofitsolutions.com](mailto:klmyers@nonprofitsolutions.com). A resolution of 300 dpi is preferred for best quality. Color ads are acceptable.

*Please direct all advertising inquiries to the Chair of Advertising/Sponsorship, Jason Kujanen, at (612) 281-0136 or [jason.kujanen@courts.state.mn.us](mailto:jason.kujanen@courts.state.mn.us).*



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# Online Newsletter Advertising Terms and Agreement

To submit an ad, please complete this form and send to the HRP-MN office by fax or e-mail. Click in a field to enter text directly on this form. (Note: \* = required)

## Terms and Copy Regulations

- a) The rates and conditions for advertising under this contract shall be those shown on HRP-MN's current rate sheet.
- b) Errors or omissions by HRP-MN will not be considered grounds for cancellation of this contract.
- c) If the advertiser chooses to cancel this contract prior to the end of the term specified below, the advertiser agrees to notify HRP-MN on the first of the month preceding the last desired month of publication of its intent to discontinue advertising.
- d) HRP-MN reserves the right to refuse or cancel any advertisement. Upon acceptance, publication is dependent upon space availability.
- e) In no event will HRP-MN be responsible for errors or omissions if the advertiser does not supply the correct copy by ad closing time.
- f) The advertiser agrees to defend and indemnify HRP-MN against any and all liability, loss or expense incurred from claims of trademarks, trade names or patents, violations of rights of privacy and infringements of copyrights and proprietary rights resulting from the publication of the advertiser's advertisements.
- g) All invoices are due net 30 days of invoice date. Pre-payments are encouraged.

## Advertising Agreement and Information

\_\_\_\_\_  
\*Date

\_\_\_\_\_  
\*Advertiser

\_\_\_\_\_  
\*Contact Person

\_\_\_\_\_  
\*Address

\_\_\_\_\_  
\*City/State/ZIP

\_\_\_\_\_  
\*Telephone

\_\_\_\_\_  
\*Fax

\_\_\_\_\_  
\*E-mail

\_\_\_\_\_  
\*Web address

This contract is subject to the terms and conditions set forth in the current published rate card. By signing this agreement, Advertiser agrees that it has received a copy of such rate card and agrees to abide by its terms and conditions.

\*By: \_\_\_\_\_  
*Authorized Representative*

Date: \_\_\_\_\_

## \*Ad Size

- Full Page (6.75" W x 9.25" H)
- Half Page (6.75" W x 4.63" H)
- Full Column (2" W x 9.25" H)
- Quarter Page (3.25" W x 4.63" H)
- Half Column (2" W x 4.63" H)
- Business Card (3.5" W x 2" H)

## \*Months to Run

- |                              |                              |                              |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> Jan | <input type="checkbox"/> Apr | <input type="checkbox"/> Jul | <input type="checkbox"/> Oct |
| <input type="checkbox"/> Feb | <input type="checkbox"/> May | <input type="checkbox"/> Aug | <input type="checkbox"/> Nov |
| <input type="checkbox"/> Mar | <input type="checkbox"/> Jun | <input type="checkbox"/> Sep | <input type="checkbox"/> Dec |

## Payment Options

# of months ( \_\_\_ ) x price per month ( \$ \_\_\_\_\_ ) = \$ \_\_\_\_\_

**Total Owed:** \$ \_\_\_\_\_

- Please bill me for the full amount.
- Please bill me for each ad as it is run.
- My payment in full is enclosed:
- Check (*payable to HRP-MN*)
- VISA     MasterCard     Discover     Amer. Exp.

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name of Cardholder \_\_\_\_\_

Authorized Signature \_\_\_\_\_

*Note: Your statement will read Nonprofit Solutions for this purchase.*