



2016 ADVERTISING ORDER FORM

One West Court Square, Suite 325 ■ Decatur, GA 30030 ■ Phone: (404) 320-1472
Fax: (404) 320-0849 ■ Website: www.acpe.edu ■ Email: acpe@acpe.edu

ASSOCIATION FOR CLINICAL PASTORAL EDUCATION, INC.

Advertising

The Association for Clinical Pastoral Education, Inc. (ACPE) thanks you for your interest in advertising with us. We are happy to offer you an opportunity to place an ad on our website (www.acpe.edu). A link in our monthly e-newsletter will also direct our subscribers to the jobs listing webpage.

The ACPE has over 2,500 members nationally and internationally. Our subscribers include: persons interested in pastoral care, spiritual care, and assessment; pastoral counselors; chaplains; theological students seeking Clinical Pastoral Education (CPE); clergy seeking specialized skills through CPE; CPE supervisors; ACPE Members and Clinical Members; professors of pastoral care, counseling, pastoral theology, field education, psychology, and religion; and denomination and faith group representatives.

The ACPE website receives about 850 visitors daily and averages 7,000 hits each day. About a quarter of our daily visitors view the "Job Opportunities."

2016 Timetable

You may place an ad on our website for a **60-day** run. Web ads are updated twice a month on the business day closest to the 1st and 15th of each month. Below is the schedule for ad updates and submittal deadlines.

<u>Update</u>	<u>Deadline</u>	<u>Update</u>	<u>Deadline</u>	<u>Update</u>	<u>Deadline</u>
Jan 4	Jan 3	May 2	Apr 29	Sept 1	Aug 30
Jan 15	Jan 13	May 16	May 13	Sept 15	Sept 13
Feb 1	Jan 29	June 1	May 30	Sept 30	Sept 28
Feb 15	Feb 12	June 15	June 13	Oct 14	Oct 12
March 1	Feb 29	July 1	June 29	Nov 1	Oct 31
March 15	March 14	July 15	July 13	Nov 15	Nov 14
April 1	March 30	Aug 1	July 29	Dec 1	Nov 29
April 15	April 13	Aug 15	Aug 12	Dec 15	Dec 13

Costs

The ACPE offers two types of web postings – Standard Ads and Display Ads:

Standard Ads consist of **text only; no graphics**. The cost is \$0.25 per **character** not counting spaces.

Display Ad costs are determined by **size**. A quarter-page (3½ x 5) is \$165; a half-page (5 x 7½) is \$275; and a full-page (10 x 7½) is \$450. Display Ads must be submitted as a PDF file. PDF files must have fonts and images embedded.

Ad Submission & Payment

Ads must be submitted to John Michael Roch via email at john@acpe.edu. All ads must be accompanied by a completed order form and payment. Please complete the order form on the reverse side of this page.

Payment is due at the time of ad submission. The ACPE does not invoice for advertising. Please make checks/money orders payable to ACPE. The ACPE also accepts MasterCard, Visa, American Express and DiscoverCard.

All ads are subject to the approval of the ACPE. Advertisements for centers not accredited by the ACPE must indicate their affiliation or credentials. Only CPE recognized by the ACPE may advertise.

Please contact John Michael Roch with questions and concerns at john@acpe.edu or (404) 320-1472 x6212.



2016 ADVERTISING ORDER FORM

One West Court Square, Suite 325 ■ Decatur, GA 30030 ■ Phone: (404) 320-1472
Fax: (404) 320-0849 ■ Website: www.acpe.edu ■ Email: acpe@acpe.edu

ASSOCIATION FOR CLINICAL PASTORAL EDUCATION, INC.

WEB AD

(1 Run = a 60-day posting; Runs cannot be split or divided)

Please check posting date:

Jan 4	___	May 2	___	Sept 1	___
Jan 15	___	May 16	___	Sept 15	___
Feb 1	___	June 1	___	Sept 30	___
Feb 15	___	June 15	___	Oct 14	___
March 1	___	July 1	___	Nov 1	___
March 15	___	July 15	___	Nov 15	___
April 1	___	Aug 1	___	Dec 1	___
April 15	___	Aug 15	___	Dec 15	___

Please select ad type:

Standard Ad

1.) Character count (not counting spaces) _____ X \$0.25 = \$_____

2.) Total from Line 1 \$_____ X # of Runs _____ = \$_____ (Total Cost)

- or -

Display Ad

Quarter-Page \$165.00 X # of Runs _____ = \$_____ (Total Cost)

Half-Page \$275.00 X # of Runs _____ = \$_____ (Total Cost)

Full-Page \$450.00 X # of Runs _____ = \$_____ (Total Cost)

CONTACT & BILLING INFORMATION

Full Name: _____

Company/Center: _____

Mailing Address: _____

Phone: _____ Email: _____

Check Amount \$ _____ -or- Charge Amount \$ _____ Amex _____ Discover _____ MC _____ Visa _____

Card Acct #: _____ Exp Date: _____

Card Holder's Billing Name (please print): _____