



## Newsletter Advertising

Since its founding in 1986, the American Psychiatric Nurses Association (APNA) has grown to be the one of the largest professional membership organizations committed to the practice of psychiatric-mental health (PMH) nursing and wellness promotion, prevention of mental health problems and the care and treatment of persons with psychiatric disorders. APNA is the only PMH nursing organization whose membership is inclusive of all PMH registered nurses (RN) and advanced practice (APRN) comprised of clinical nurse specialists (CNS) and psychiatric nurse practitioners.

APNA membership is approximately 40% RNs and 60% APRNs). Members practice in all settings including inpatient, community, academic, research, in public, private and public health institutions, and in high level administrative positions at state and federal levels. PMH nurses rely on communications like the newsletter for up-to-date information on health care news, products and services, upcoming educational opportunities, and industry information.

**Psychiatric-mental health RNs & APRNs receive the newsletter in their inbox every month.**

- **Circulation:** More than 20,000 psychiatric-mental health nurse members and non-members
- **Schedule:** Emailed monthly on the last Wednesday of the month.
- **Engagement:** Average open rate of 33% & click through rate of 20%

### Banner Advertising

- Banner ad placement is available on a first come, first served basis.
- Artwork and link are due two weeks prior to your run date and are subject to APNA approval.
- All fees are nonrefundable.
- Specifications: 468x60pixels; GIF, animated GIF, PNG, or JPG files
- Send all materials to Meaghan Trimyer at [mtrimyer@apna.org](mailto:mtrimyer@apna.org).

### Fees

- \$1,500 for one banner ad in one edition of newsletter
- \$4,000 for one banner ad in three editions of newsletter
- \$10,000 for one banner ad in twelve editions of newsletter

# APNA Newsletter Advertising Application

Contact Name and Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Number of Ads Purchasing: \_\_\_\_\_  
Total Cost: \_\_\_\_\_

Month Preferences (Please list your choices 1-3, 1 being your first choice, if applicable.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Payment in full is due with the Advertising Application/Contract. Payment must be in the form of a credit card or check drawn on a U.S. bank, in U.S. funds, made payable to APNA. Tax ID No. 22-2814679.**

My signature below verifies I have read and understood the conditions of this application as well as the rules and regulations. By signing below, I am indicating my company's agreement to be bound by any and all rules and regulations. I further understand and agree to APNA's cancellation policy.

Signature \_\_\_\_\_  
Date \_\_\_\_\_

**If you have any questions, please contact Meaghan Trimyer at [mtrimyer@apna.org](mailto:mtrimyer@apna.org) or 571-533-1931.**

**Send completed application to:**  
Meaghan Trimyer  
APNA Director of Communications  
[mtrimyer@apna.org](mailto:mtrimyer@apna.org)  
Phone: 571-533-1931