

# eHealth Consortium eNewsletter

Publication Dates: March, June, September and December



電子健康聯盟  
eHealth Consortium Ltd

## Advertisement Order Form

Please return the completed form to: eHealth Consortium, 27th Floor, 9 Wing Hong Street, Cheung Sha Wan, Kowloon, Hong Kong. Tel : (852) 3488 3762, Fax : (852) 3909 2160, E-mail : [info@ehealth.org.hk](mailto:info@ehealth.org.hk).

### Company Details

Company Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax : \_\_\_\_\_ Email : \_\_\_\_\_

### Advertisement Rate Card

	Position	Size	Color	Insertion	Regular Rate
<input type="checkbox"/>	Half Cover Page	Landscape A5	4C	1	HK\$5,000
<input type="checkbox"/>	Run-of-page: Full Page	Portrait A4	4C	1	HK\$2,000
<input type="checkbox"/>	Run-of-page: Half Page	Landscape A5	4C	1	HK\$1,000

**Material Deadline:** End of the previous calendar month (e.g. 28 February for March issue).

**Circulation and Readership:** Delivered by email to eHealth Consortium Members and eNewsletter subscribers, dominantly from the healthcare and IT industries, with circulation over 600 and counting.

**Booking & Enquiries:** Priority will be given to Members of eHealth Consortium. Please contact our Secretariat office by emailing [info@ehealth.org.hk](mailto:info@ehealth.org.hk) or by calling 3488 3762.

**Remarks:** eHealth Consortium has the sole right to approve, edit and decide on the placement of advertisements, and will not be held liable for advertisement errors or any subsequent loss or damage caused thereof.

### Payment Method

**By Bank Transfer (all bank handling charges to be borne by sender)**

Account Name: eHealth Consortium Limited  
Account Number: 027-559-9-309569-9  
Bank Code: 027  
Bank Name: Bank of Communications Co., Ltd. Hong Kong Branch  
Swift Code: COMMHKHH  
Currency: Hong Kong Dollar  
Bank Branch: Hong Kong Branch. Tai Po Sub-branch.

**By Hong Kong Local Cheque in HK Dollars made payable to "eHealth Consortium Limited"**

Please send the cheque together with this form to eHealth Consortium Limited.

### Confirmation

Signature of Authorized Personnel:

Company Chop:

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