

eHealth Consortium eNewsletter

Publication Dates: March, June, September and December



Advertisement Order Form

Inquiry: Tel: (852) 3488 3762, Fax: (852) 3743 4422, E-mail: 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
<input type="checkbox"/>	Web Banner (on Homepage) + Email message insertion	3:1 Rectangle (300x100)	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 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 & Submission

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.

- Please fax the Bank Transfer Slip together with this completed Form to: (852) 3743 4422.

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

- Please send the Cheque together with this completed Form to: eHealth Consortium, Room 1207C, 12/F, Block B, Hong Kong Industrial Centre, 489-491 Castle Peak Road, Lai Chi Kok, Kowloon, Hong Kong.

Confirmation

Signature of Authorized Personnel:

Company Chop:

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Date: _____