



National Association for Healthcare Quality

CALENDAR POSTING ORDER FORM

The following guidelines apply when submitting a calendar posting:

- Calendar listings may include a link to additional promotional content.
The fact that an event has appeared on the NAHQ calendar may not be referred to in collateral advertising.
NAHQ retains the right to decline any submitted calendar of events listing, discontinue the posting of any event(s), and decline to link with another site or to remove links to other Web sites.
Allow 10 working days from the date the complete order is received by the NAHQ office.
Most current fees apply; please check with office to confirm rates prior to placing order.
NAHQ has a 60-Day Blackout Period. This is inclusive of any listings during the following time frames (30 days prior to or following NAHQ Next, its annual conference.

Posting Information: (* indicates required fields)

Event Title*
Event Sponsor (your organization)*
Start Date* (MM/DD/YY)
End Date* (MM/DD/YY)
Description
Location*
City
State
Contact Name/E-mail*
Web Site

Bill To:

Name
Facility
Address
City/State/Zip
Phone

Fee:

25 Member Rate
50 Nonmember Rate

Payment Method

Check (Enclosed) Visa MasterCard AMEX

Card Number Exp Date

Complete & return this form along with payment to:

NAHQ Calendar of Events
Attn: Marketing
8735 W. Higgins Road, Suite 300
Chicago, IL 60631
847.375.4720 | Fax 847.375.6320
info@nahq.org

For office use only:
Client ID
Tracking Code
Date Shipped