

# AANN Blast E-mail Application



## GUIDELINES

The following guidelines apply to e-mail blasts:

1. AANN must approve the content of all e-mail blasts. Content must meet AANN's submission requirements and criteria. AANN reserves the right to refuse any e-mail blasts request for any reason. AANN does not distribute surveys via dedicated e-mail blasts without written consent.
2. Allow 7–10 working days from the date that the form and draft message are received by AANN to the date of distribution. Send date will be selected and agreed upon by both parties based on available dates proposed by AANN.
3. **Full payment is required before the send date.**
4. Job postings are not accepted. Please post jobs on the AANN Career Center at [aann.org/career-development/neuroscience-nursing-jobs](http://aann.org/career-development/neuroscience-nursing-jobs).
5. HTML can be submitted, or the submission requirements below can be followed.

## SUBMISSION REQUIREMENTS (non-HTML)

### Banner image

- 650 px x 150 px
- high-resolution jpg file
- at least 150 dpi
- less than 10 MB
- submit as an e-mail attachment

### Word document

- text exactly as you would like it to appear in the body of the e-mail
- hyperlinks included
- subject line included

### Images

If you would like an image or logo in the body of the e-mail, indicate the placement using [insert image here] as a placeholder in the copy. All images must be submitted as an e-mail attachment and be less than 10 MB.

## CONTACT INFORMATION

Company or organization name \_\_\_\_\_  
Street address \_\_\_\_\_  
City, state, ZIP \_\_\_\_\_  
Contact name \_\_\_\_\_ E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Date \_\_\_\_\_

Please sign below agreeing to the guidelines and responsibility for payment. Once signed, no cancellations will be accepted.

**Authorized Signature:** \_\_\_\_\_

## PAYMENT OPTIONS - Fee: \$3,500 per message

**Credit card:** Please complete the credit information below or contact AANN Member Services at 847.375.4733 once you've received the invoice.

**NOTE:** Credit card payments will have a 3% processing fee assessed.

**Checks:** Make payable to American Association of Neuroscience Nurses; Remit to: P.O. Box 88019, Chicago, IL 60680-1019

**ACH/Wire:** Please contact Olivia Diehl at [odiehl@aann.org](mailto:odiehl@aann.org) for more information.

**Total:** \_\_\_\_\_ (include 3% processing fee for credit card payments)

**Credit Card Number:** \_\_\_\_\_

**Expiration:** \_\_\_\_\_

**Amount to be charged:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

Questions?

Contact Olivia Diehl, Sr. Industry Relations Manager - [odiehl@aann.org](mailto:odiehl@aann.org)