

# INDIANAPOLIS MEDICAL SOCIETY BULLETIN

631 East New York Street, Indianapolis, Indiana 46202-3706; Phone: (317) 639-3406; Fax: (317) 262-5609; E-mail [mhadley@imsonline.org](mailto:mhadley@imsonline.org)

## 2012 DISPLAY ADVERTISING CONTRACT & AD SPECIFICATIONS

To: *Marcia Hadley, Assoc. Editor*

From: \_\_\_\_\_

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

### DISPLAY ADVERTISING RATES

	B/W	2/C**	4/C
*Front Inside Cover .....	N/A.....	\$700.....	\$1,000
*Back Outside Cover .....	N/A.....	\$700.....	\$1,000
*Back Inside Cover .....	N/A.....	\$700.....	\$1,000
*Opposite President's Pg. ....	\$435.....	\$700.....	\$1,000
*Opposite Bulletin Board .....	\$435.....	\$700.....	\$1,000
*Center LH or RH (per page).....	\$435.....	\$700.....	\$1,000
*Center Spread .....	\$710.....	\$1,050.....	\$1,600
Full Page.....	\$330.....	\$550.....	\$900
Half Page.....	\$220.....	\$450.....	\$650
Quarter Page .....	\$190.....	\$375.....	\$500
Banner Page.....	N/A.....	\$350.....	\$475
Eighth Page .....	\$125.....	N/A.....	N/A

\*Call for availability. Rates quoted above are per insertion/month. \*\*2/Color build is from 4/Color process – exact match PMS call for quote. 2/Color is Black + one PMS color or two PMS colors (from 4/color process build)

### AD DIMENSIONS:

Full Page.....	7.5" w x 9.75" h
Half Page (horizontal).....	7.5" w x 4.75" h
Half Page (vertical).....	3.5" w x 9.75" h
Quarter Page.....	3.5" w x 4.75" h
Banner Page.....	8.625" w x 2.25" h
Eighth Page (horizontal).....	3.5" w x 2.25" h
Eighth Page (vertical).....	1.75" w x 4.75" h

[Page Dimensions: 8.375" w x 10.875" h] (Bleed 8.625" w x 11.125" h)

- Send ad copy to [mhadley@imsonline.org](mailto:mhadley@imsonline.org). Ads must be sized to the dimensions listed above, with resolution of 300 dpi. Acceptable formats are pdf; eps; jpg; tif. Grayscale or CMYK. Attach/embed all necessary graphics and font files. Call with questions.
- **Any necessary file conversions, graphic treatments and additional proofs will be charged in addition to the rates quoted above.**
- Ad creation and/or changes will be charged at a rate of \$75 per hour.
- Full Page Bleed ads: **8.625" w x 11.125" h**
- Placement of ads, except for prime spots, is at the discretion of the editor.
- **All ads are net. Advertising Agency placement discounts do not apply.**
- Web advertising, sponsorships, special insertions and other advertising options available, see [www.imsonline.org](http://www.imsonline.org) or email [Mhadley@imsonline.org](mailto:Mhadley@imsonline.org).
- **Requests for special positions (other than prime spots) may incur additional charges.**

**CONTRACT/SPACE DEADLINE:** First day of the month preceding the month of publication. (i.e., Dec. 1st for the Jan. issue)

**COPY DEADLINE:** Fifth day of the month preceding the month of publication.

**CANCELLATION:** Cancellation will be accepted only with written notice by the first day of the month preceding publication month. (The publisher reserves the right to repeat the last ad on time contracts, if new copy or cancellation notice is not received by deadline date.)

\_\_\_\_\_ Use copy from \_\_\_\_\_.  
 \_\_\_\_\_ New artwork will be forwarded.  
 \_\_\_\_\_ Create ad from materials provided. (Additional charges apply)

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

### Please complete, sign and fax or e-mail to IMS

#### Insertion Order (Indicate B/W, 2/C or 4/C):

\_\_\_\_\_ \*Front Inside Cover \_\_\_\_\_ Full Page  
 \_\_\_\_\_ \*Back Outside Cover \_\_\_\_\_ Half Page (h)  
 \_\_\_\_\_ \*Back Inside Cover \_\_\_\_\_ Half Page (v)  
 \_\_\_\_\_ \*Opp. Pres. Page \_\_\_\_\_ Quarter Page  
 \_\_\_\_\_ \*Opp. Bulletin Board \_\_\_\_\_ Eighth Page (h)  
 \_\_\_\_\_ \*Center Page (LH or RH) \_\_\_\_\_ Eighth Page (v)  
 \_\_\_\_\_ \*Center Spread

\_\_\_\_\_ **Full-Year/Full-Page Contract (10% discount).**

\_\_\_\_\_ **Full-Year/Half-Page Contract (5% discount).**

\_\_\_\_\_ **Full-Year/Quarter-Page Contract (2% discount).**

\_\_\_\_\_ Monthly, until further notice.

\_\_\_\_\_ Bi-monthly, until further notice.

\_\_\_\_\_ Month/s, as indicated below.

#### INDICATE MONTHS TO RUN:

\_\_\_\_\_ Jan \_\_\_\_\_ Apr \_\_\_\_\_ Jul \_\_\_\_\_ Oct  
 \_\_\_\_\_ Feb \_\_\_\_\_ May \_\_\_\_\_ Aug \_\_\_\_\_ Nov  
 \_\_\_\_\_ Mar \_\_\_\_\_ Jun \_\_\_\_\_ Sep \_\_\_\_\_ Dec

#### BILLING INSTRUCTIONS\*\*\*:

\_\_\_\_\_ Please invoice. Terms: Net 30 days from date of invoice.

Attn: \_\_\_\_\_

E-Mail: \_\_\_\_\_

\_\_\_\_\_ Please charge my credit card.

Signature: \_\_\_\_\_

\_\_\_\_\_ MASTERCARD \_\_\_\_\_ VISA \_\_\_\_\_ AMEX

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVV Code: \_\_\_\_\_

Name/Address/Phone number of cardholder, if different from below:

\_\_\_\_\_

\*\*\*First time advertisers must provide credit card information or pre-pay first insertion.

#### NAME OF ADVERTISER AND/OR AGENCY:

Advertiser Name: \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Agency Name/Contact/Address/Phone/E-Mail: \_\_\_\_\_

\_\_\_\_\_

Mail proof of publication to: \_\_\_\_\_ Advertiser \_\_\_\_\_ Agency

Indianapolis Medical Society Approval Policy: All advertising must be approved by the publisher. IMS reserves the right to refuse any advertisement. Advertiser and his agency will indemnify, defend and hold harmless the publisher from any claim and all loss, expense or liability arising out of the publication of any advertising copy. Publication of advertising by the IMS does not imply endorsement or approval. The liability of the publisher for any error, omission, or delay, for which it may be held legally responsible, shall in no event exceed the cost of the space paid for and occupied by such individual advertisement. Invoices are due upon receipt. Invoices that remain unpaid for 30 days shall accrue interest at a rate of 18% per annum. Should the IMS be forced to retain attorneys to collect all or any portion, of our invoices, such fees and court costs that may be reasonable and necessary, as well as any accrued interest charge, will be paid by the advertiser or their agent. The Advertiser and the Agent/Agency will be held responsible for payment.