

Website Advertising Contract

www.imsonline.org

Indianapolis Medical Society
631 E. New York St.
Indianapolis, IN 46202-3706
Phone: (317) 639-3406
Fax: (317) 262-5609
www.imsonline.org



Advertiser: _____ Date: _____

Contact: _____

Phone: _____ Fax: _____

Address: _____

City/State/Zip: _____

E-mail: _____

Website URL: _____

Size of Ad: _____

Design Fee (if applicable): \$ _____ (\$75/hour)

Display Web Link \$ _____ (one time only)

Rate: \$ _____ per insertion

Link Fee (one-time): \$ _____

Run Dates (start date begins when payment is processed): _____

Payment & Billing: First month must be paid in advance; multi-insertion accounts will be billed monthly thereafter. Account balances not paid in full will subject advertiser to suspension of placement, regardless of contracted insertion dates, until such balance is paid in full. Agency placements are subject to suspension as any other advertiser. Rates quoted are not commissionable. If a multi-run agreement is canceled before the contract is completed, advertiser will be billed for one additional run at the contracted rate.

Termination: Orders may be canceled, if written notice is received by Indianapolis Medical Society within 72 hours of date below. All advertising is subject to acceptance by IMS, who reserves the right to reject any advertisement and to cancel this agreement. Advertisements do not imply sponsorship or endorsement by IMS. IMS reserves the right to change its website format at any time. If a redesign is made during an advertiser's campaign, the advertiser may reserve the right to keep a comparable placement with the new format. Advertisers will be given a 30-day notice should any format changes be scheduled. Every effort will be made to keep advertisers satisfied with placement. However, if the new format and placement is not satisfactory, the advertiser has the right to cancel its website contract with a 30-day notice.

Agreement: I understand that by signing this Website Advertising Contract, I agree to place the advertisement referred to in this contract on the IMS website. I understand that IMS will reserve this advertising space on its Website based on my execution of this order form, and I understand that I am personally guaranteeing payment of the advertising cost referred to above. I certify that I am authorized to place this order, and I guarantee payment. I have read and agree to the payment & billing, termination, advertising terms, and conditions herein.

Payment: Visa, AMEX or MasterCard _____ Expires _____ CVV code _____

Name on card and address on card, if other than advertiser:

Advertiser (or agent) _____ Date _____

IMS agent _____ Date _____
