



# Indianapolis Medical Society

631 E. New York St., Indianapolis, IN 46202-3706

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To: Marcia Hadley, Associate Editor

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

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

## 2010 PICTORIAL ROSTER CONTRACT AND AD SPECS

### IMS Roster ADVERTISING RATES:

	B/W	4/color
*Back Outside Cover.....		\$1,200
*Back Inside Cover.....	\$ 850	
*Front Inside Cover.....	\$ 850	
*Opp. Table of Contents.....	\$550	\$ 800
*Last Inside Page.....	\$550	\$ 800
*Opposite Cross Index.....	\$550	\$ 800
Full Page.....	\$400	\$ 650
Half Page.....	\$250	\$ 500

Ads (except for prime positions) will be placed in an advertisers section or placed throughout the publication at the discretion of the editor.

All full-page 4/color ads receive FREE a small ad for three months on [www.imsonline.org](http://www.imsonline.org). Sized art must be furnished by the advertiser by December 10, 2009 for January 2010 posting. See imsonline for web advertising specifications.

Visit [www.imsonline.org](http://www.imsonline.org) for adv./sponsorship opportunities.

\*Prime spots are reserved for previous advertisers.

### PAGE & AD DIMENSIONS:

Full Page.....	6.875"w x 10"h.
Half Page (horizontal).....	6.875"w x 4.75"h.
Half Page (vertical).....	3.25"w x 10"h.

[Page dimensions: 8.5 x 11] {Bleed dimensions: 8.75 x 11.25}

Ad must be sized correctly to the dimensions listed above at 300 dpi. Acceptable formats: pdf; jpg; tif; eps. Attach/embed all necessary graphics and fonts.

- Ads are non-commissionable.
- The *Pictorial Roster* is printed offset. Please submit digital art. Ads may be sent by e-mail to [mhadley@imsonline.org](mailto:mhadley@imsonline.org).
- File conversions, special preparations and additional proofs will be charged in addition to insertion charges.
- Ad creation and/or changes are charged at \$75 per hour.
- Mailing labels are available in conjunction with Full Page advertising, Executive Committee approval and additional fees.

SPACE CONTRACT DEADLINE: OCTOBER 28, 2009

ART DEADLINE: November 4, 2009

\_\_\_\_\_ New artwork will be forwarded.

\_\_\_\_\_ Create ad from materials provided. (Add'l. charges apply)

**Notice of cancellation:** Cancellation will be accepted only with written notice prior to October 23, 2009.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### INSERTION ORDER:

_____ *Back Outside Cover.....	_____	4/color
_____ *Back Inside Cover.....	_____	4/color
_____ *Front Inside Cover.....	_____	4/color
_____ *Opp. Table of Cont.....	_____ B/W	4/color
_____ *Last Inside Page.....	_____ B/W	4/color
_____ *Opposite Cross Index.....	_____ B/W	4/color
_____ Full Page.....	_____ B/W	4/color
_____ Half Page (Horz).....	_____ B/W	4/color
_____ Half Page (Vert).....	_____ B/W	4/color

### Method of Payment\*\*:

\_\_\_\_\_ Our check for \$ \_\_\_\_\_ is enclosed

\_\_\_\_\_ Please invoice following January publication

(Terms: Net 30 days from date of invoice)

\_\_\_\_\_ MASTERCARD \_\_\_\_\_ Visa

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

Exp. Date \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

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

Telephone: \_\_\_\_\_

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

Agency Name (if applicable): \_\_\_\_\_

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

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

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

Telephone: \_\_\_\_\_

### Proof of publication will be mailed to Advertiser unless other direction is given.

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.

Mail, email or fax (262-5609) completed, signed contract to:

Indianapolis Medical Society

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