

2020 DISPLAY ADVERTISING CONTRACT & AD SPECIFICATIONS

Display Advertising Rates:

General Display Rates (per edition)		Special Placement Rates (per edition)			
Full Page	\$900	Full	Half	Quarter	
Half Page	\$650	Front Inside Cover	\$1,000	\$750	\$600
Quarter Page	\$500	Back Cover	\$1,000		
		Back Inside Cover	\$1,000	\$750	\$600
		Special Page Request	\$1,000	\$750	\$600
		Center Spread	\$1,600		

Discounts:

Quantity Discount			IMS Member Discount			Vendor Discount		
Full Year	Full Page	10%	Individual Purchases	10%	Individual Purchases	5%		
Full Year	Half Page	5%	Full Year Full Page	15%	Full Year Full Page	13%		
			Full Year Half Page	10%	Full Year Half Page	7%		

*Call for availability of special placements.

*Editor reserves the right to amend, cancel or not offer any discount at any time. Discounts will not be offered to vendors if they are offered other promotional offers.

Credit Card Fee: 3% charge will be added for processing credit cards transactions

Ad Dimensions and Formatting:

Full Page	7.5"w x 9.75"h	Resolution	300 dpi
Half Page (horizontal)	7.5"w x 4.75"h	Formats	pdf, esp, jpg, tif
Half Page (vertical)	3.5"w x 9.75"h	*Embed with all necessary graphics and fonts.	
Quarter Page	3.5"w x 4.75"h	*Any file conversions, graphic treatments and additional proofs	
Full Bleed ads:	8.625"w x 11.125"h		

*Ad copy must be the size listed above and emailed to the editor, mperrill@indymedicalsociety.org, by the below-mentioned deadline.

will be charged in addition to the rates quoted above.

*Placement of ads, except for paid for prime spots, is at the discretion of the editor.

*Online versions will be available for up to 3 years. Links provided by advertisers will be embedded into advertisements for online versions when sent with ads by their deadline.

*Editor reserves the right to promote the Bulletin on social media platforms managed by the society.

*** All ads are net; advertising agency placement discounts do not apply.**

*** Requests for special positions (other than prime spots) may incur additional charges.**

Deadlines:

Contract Deadline: 5th day of the month preceding the month of the publication
i.e. December 5th for January edition of the Bulletin, and always depending on availability.

Copy Deadline: 15th day of the month preceding the month of the publication
i.e. December 15th for January edition of the Bulletin

Cancellation: Cancellation will only be accepted with written notice by the first day of the month preceding the 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.*

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.

Board Certification Policy: IMS publishes board certifications approved by the American Board of Medical Specialties, American Osteopathic Association, and Royal College of Surgeons. Physician members wishing to designate an area of special interest in which their boards are not ABMS-, AOA-, or RCS-approved may use the following wording: "Specializing in"

BULLETIN

125 W. Market Street, Suite 300 | Indianapolis, IN 46204
P: 317.639.3406 | f: 317.634.5964
E-mail: mperrill@indymedicalsociety.org

Advertiser and/or Agency:

Advertiser Name: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Email: _____

**Proof of publication will be mailed to this contact unless otherwise directed.*

Ad Display Type: Full Page ____ Half Page(h) ____ Half Page(v) ____ Quarter Page ____

Special Placement Request:

Front Inside Cover _____

Back Outside Cover _____

Back Inside Cover _____

Center Spread _____

Specific Page _____

**Attach page requests or IO.*

Advertisement to Run:

Jan ____ April ____ July ____ Oct ____

Feb ____ May ____ Aug ____ Nov ____

Mar ____ June ____ Sept ____ Dec ____

Additional Discounts: IMS Member ____ Vendor ____ Total Discount _____

Billing Instructions:

Please Invoice _____ (initial)

Terms are net 30 from date of the invoice

_____ Same information for billing as listed
above as advertiser information.

Contact Name _____

Email _____

Please Charge _____ (initial)

3% additional charge will be added

Cardholders Name _____

Card Number _____

Visa ____ MasterCard ____ AEX ____ Zip _____

Exp. Date _____ CVV Code _____

Signature _____

Please return to Morgan Perrill at mperrill@indymedicalsociety.org. Confirmation of discount and final price will be determined by the editor, Morgan Perrill, and the contract will be returned to you.

Name(print): _____ Date: _____

Signature: _____

To be completed by the editor

Approved Discount: _____ % Monthly Price: \$ _____ Initials: _____ Date: _____