

# BULLETIN Advertising Contract

2024

## COMPANY

---

Advertiser/Company Name: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

City, State Zip

Website (as directed to on digital version): \_\_\_\_\_

IMS Member

IMS Vendor

## AD

---

### Ad Size

Spread

Full Page

Half Page (v)

Half Page (h)

Quarter

Special Place/Notes:

---

Ad Specs

Ad Size	Width	Height
Full Page with Bleed	8.625"	11.125"
Full Page	7.5"	9.75"
Half Page (vertical)	3.5"	9.75"
Half Page (horizontal)	7.5"	4.75"
Quarter Page	3.5"	4.75"

### Calendar

Annual

Jan

Feb

March

April

May

June

July

Aug

Sept

Oct

Nov

Dec

Notes:

---

\*Materials are due on the first of each month of that month's publication, i.e. January's ad is due January 1.

\*All artwork must be submitted ready to be inserted as a PDF, JPG, PNG, or ESP and images must be 300 DPI or high resolution.

\*The editor retains the right to charge a fee for design if ads are not deemed ready for publication.

## BILLING

Invoice Me

Pay Via Credit Card

\*Terms are net 30 days from invoice.

\*Additional 3% fee for credit card transactions.

### Billing Contact (if different):

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

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

\_\_\_\_\_  
City, State Zip Phone: \_\_\_\_\_

### Credit Card Information (if necessary)

Type:                      Visa                      Master Card                      American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CVC Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

### Rates (per edition)

Ad Size	Ad Location	Base Rate	Annual Buy	IMS Member	IMS Member Annual Buy	Vendor	Vendor Annual Buy
Full Page	Cover or Request	\$1000	\$900	\$900	\$850	\$950	\$870
Half Page	Inside Cover or Request	\$750	\$675	\$675	\$638	\$713	\$653
Quarter Page	Inside Cover or Request	\$500	\$450	\$450	\$425	\$475	\$435
Spread	Center Spread	\$1,600	\$1,440	\$1,440	\$1,360	\$1,520	\$1,392
Full Page	Any	\$900	\$810	\$810	\$765	\$855	\$783
Half Page	Any	\$650	\$585	\$585	\$553	\$618	\$566
Quarter Page	Any	\$400	\$360	\$360	\$340	\$380	\$348

\*3% transaction fee will be added to any credit card processing.

Monthly Rate Anticipated: \_\_\_\_\_

## AGREEMENT

I agree to all the terms and conditions listed on this contract, including but not limited to the rates, conditions, and specs.

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

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

Once you have completed all the relevant sections of this contract return it to the Indianapolis Medical Society to one of the following:

Indianapolis Medical Society  
c/o Morgan Perrill, Executive Vice President  
125 W. Market Street, Suite 300  
Indianapolis, IN 46204

Morgan Perrill, Executive Vice President  
[mperrill@indymedicalsociety.org](mailto:mperrill@indymedicalsociety.org)

If you have any questions, please contact us at 317.639.3406.