

BULLETIN Advertising Contract

2025

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

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