



LANE COUNTY MEDICAL SOCIETY

990 West Seventh Avenue • Eugene, Oregon 97402
(541) 686-0995 • Fax: (541) 687-1554 • info@lcmesociety.com

Monthly Newsletter Advertising Contract - 2017

for display advertising in "Of Interest," the official monthly publication of the Lane County Medical Society

Company Represented: _____

Marketing Agency (if any) _____

Contact: _____

Billing Addr: _____

City, St ZIP _____

Email: _____

Phone: _____ FAX _____

2017

- JAN
- FEB
- MAR
- APR
- MAY
- JUN
- JUL
- AUG
- SEP
- OCT
- NOV
- DEC

Traffic Sheet required for monthly ad changes. All ad deadlines apply.

B&W AD RATES PER MONTH

Inside Front Cover	Open	<input type="checkbox"/>
Outside Back Cover - SOLD	SOLD	<input type="checkbox"/>
Full page (7.5"W x 10"H) <u>page specific</u>	\$551	<input type="checkbox"/>
Full page (7.5"W x 10"H)	\$366	<input type="checkbox"/>
1/2 page (7.5"W x 5"H)	\$232	<input type="checkbox"/>
1/4 page wide (7.5"W x 2.5"H)	\$134	<input type="checkbox"/>
1/4 page square (4.75"W x 4.75"H)	\$134	<input type="checkbox"/>

AD COPY - select one

- Use current ad: no changes
- New ad copy: press-optimized PDF or PDF/x1a embed all fonts, images 300+ dpi, turn off subsetting email pdf to: info@lcmesociety.com

**DEADLINE for ad artwork:
5th of the month prior to publication.**

COLOR FLYER INSERTION RATES PER MONTH

Flyer, single-sided (8.5"W x 11"H)	\$402	<input type="checkbox"/>
Flyer, double-sided (8.5"W x 11"H)	\$587	<input type="checkbox"/>

Price excludes printing costs. Deliver flyer to LCMS printer.

DEADLINE for contract + delivery of flyer to LCMS printer: 15th of the month preceding publication.

Notice: Advertisers and their agencies assume all liability for content and accuracy of advertisements. Advertising statements are expected to be factual; however, the Lane County Medical Society (LCMS) makes no representation or warranty as to their accuracy or reliability. Publishers and agents bear no financial responsibility for errors. LCMS and its publishers reserve the right to refuse any advertising. Advertisers assume responsibility for charges incurred in the preparation of ads, and in the preparation and printing of flyers, for publication. Advertisements withdrawn after a contract is signed will be billed as contracted.

Rate per issue \$ _____

Number of issues x _____

Subtotal \$ _____

Three percent (3%) discount for annual contract (6+ issues) paid in full at time of submission \$ _____

Total \$ _____

Instructions:

- Choose month(s) for ad or flyer placement.
- Choose ad size or select flyer type. Flyer advertisers are responsible for the printing and delivery of their flyers; contact LCMS for print quantity and delivery address.
- Renewing advertisers: indicate whether ad is new or continuation of current ad.
- Indicate payment type - select one.

- From LCMS invoice.
- Credit card information below - Visa or MasterCard accepted.

Account Number _____

Amount \$ _____ Expiration Date _____
Month/Year

Authorized Signature _____

- Complete and sign this form below; email, mail or fax to LCMS. Space for your advertisement or flyer is reserved upon receipt of your signed contract.

Print Name _____

Signature _____

Date _____