

Denver Medical Bulletin

Advertising Information

The *Denver Medical Bulletin* is the official monthly publication of the Denver Medical Society. The Bulletin has a total circulation of more than 1,500 key members of the Denver medical community and selected leaders in government and public affairs. The *Bulletin* accepts paid advertising to provide a highly specialized marketing tool for advertisers who wish to reach the members of the Society and those who have major impact in health care delivery in the Denver area.

The Denver Medical Society is now offering the opportunity to place your ad in color at a cost of \$195 per ad per month, in addition to the basic black and white charges itemized below. All ads are priced for a per ad placement.

Rates

Classified - 50 words or less	<u>1 Time</u>	<u>3 Times</u>	<u>6 Times</u>	<u>12 Times</u>
Members	\$ 35.00	\$ 32.00	\$ 30.00	\$ 22.00
Non-members	\$ 60.00	\$ 57.00	\$ 55.00	\$ 35.00

Members will receive a 20% discount on the following ad prices. There will be no discount for the \$195 color charge.

Card Size	\$ 80.00	\$ 75.00	\$ 70.00	\$ 50.00
Full Page	\$450.00	\$440.00	\$425.00	\$325.00
1/2 Page (Vert. or Hort)	\$250.00	\$240.00	\$225.00	\$160.00
1/3 Page (Hort. only)	\$200.00	\$190.00	\$175.00	\$100.00
1/4 Page (Vert. only)	\$150.00	\$140.00	\$125.00	\$ 75.00

Dimensions

Full Page	7 3/8" x 9 1/2"	44 x 60 picas
1/2 Page Vertical	3 1/2" x 9"	22 x 60 picas
1/2 Page Horizontal	7 3/8" x 4 3/4"	44 x 30 picas
1/3 Page Horizontal	7 3/8" x 3 1/2"	44 x 20 picas
1/4 Page Vertical	3 1/2" x 4 3/4"	22 x 30 picas
Card Size	3 1/2" x 2"	18 x 9 picas
Classified	50 words or less	

Deadlines

Space reserved and insertion order received by the 1st of the month preceding month of publication. (September space reserved not later than August 1).

Please send ad on disk in eps format by the 15th of the month preceding month of publication.

If you would like to provide typed or printed copy with a logo or picture we will do the ad layout for an additional \$50 fee. Copy and layout for ads to be prepared must be received by the 5th of the month preceding the month of publication.

Advertising Policies

- § DMS reserves the right to refuse any ad.
- § No refunds will be given for the cancellation of an ad.
- § If errors in ads occur by DMS, the ad will run an extra month free of charge.
- § Advertisers receive a copy of the Bulletin each time their ad runs.
- § Payment and completed contract must be received with ad or the ad will not run unless other arrangements have been made in advance.

Denver Medical Bulletin Advertising Space Agreement

Advertiser: _____ Date: _____
Contact Person: _____ Phone: _____
Street Address: _____ Fax: _____
City/State/Zip: _____ Email: _____

Advertising Space

Advertiser requests the following advertising space:

Frequency: 1X _____ 3X _____ 6X _____ 12X _____
Other _____

Ad size: _____

All rates and additions are on a per month basis.

Black & white rate (from Rate Sheet): _____

Color rate: \$195 _____

TOTAL _____ (per month)

Issue Start: Month _____ Year _____

Issue End: Month _____ Year _____

Terms & Conditions

Ads to be inserted more than once will be published in consecutive months unless other arrangements are made in advance.

Advertiser is responsible for notifying DMS of any changes to the advertising copy or contract no later than the 1st of the month prior to publication. Insertions can not be canceled after that date.

All canceled contracts are subject to short rates.

The DMS reserves the right at any time to decline any advertising which it feels to be inappropriate.

The DMS does not guarantee date of printing, date of mailing or date of receipt of any issue of the Bulletin. Every attempt is made to accommodate position requests but position is not guaranteed unless other arrangements are made in advance.

Payment for advertising covered by this contract shall be made in advance of publication unless credit of advertiser has been approved by DMS.

Accepted By:

_____ Advertiser	_____ Date
_____ Denver Medical Society	_____ Date

Amount Paid _____ Date _____

Name of credit card holder _____

Address of card holder _____

City _____ State _____ Zip _____

___ VISA ___ Master Card Card # _____ - _____ - _____ - _____

Valid through ___ / ___ / ___ Signature _____