

MISSOURI Family Physician

Official Publication of the Missouri Academy of Family Physicians

2012 Advertising Agreement

Company/Organization Name _____

Address _____

City/State/Zip _____

Contact Phone _____ Contact Email _____

Method of payment: Check #: _____ MasterCard VISA Discover Please Invoice

Name as it appears on credit card: _____

Credit Card #: _____ Expiration Date: _____ Billing Zip: _____

Authorized Signature: _____

Please circle selection for purchase below:

<i>Rates</i>	<i>B&W (annual)</i>	<i>Color (annual)</i>	<i>B&W (single)</i>	<i>Color (single)</i>
Back Cover	N/A	\$4,300	N/A	\$1,200
In-front Cover	\$3,400	\$3,800	\$950	\$1,075
In-back Cover	\$3,400	\$3,800	\$950	\$1,075
Full Page	\$3,000	\$3,400	\$835	\$950
1/2 Page	\$1,750	\$2,150	\$485	\$600
1/3 Page	\$1,350	\$1,750	\$375	\$485
1/6 Page	\$800	\$1,200	\$225	\$335
1/9 Page	\$600	\$1,000	\$135	\$275

DEADLINES: Nov 15, 2011 Jan-Mar Issue
 Feb 15, 2012 Apr-Jun Issue
 May 15, 2012 Jul-Sep Issue
 Aug 15, 2012 Oct-Dec Issue

ARTWORK INCLUDED: Yes No

DIGITAL FILE REQUIREMENTS:

Graphics must be set at a minimum resolution of 300dpi. All colors created as process and CMYK.

CONTRACT TERMS:

Payment: Advertising is invoiced upon receiving contract. Net amounts are due within 30 days. Prices are subject to change without notice.

Contracts: Advertising space is available on a first-come, first-served basis. A completed and signed application for advertising space becomes a binding contract when received by MAFP. MAFP reserves the right to determine the eligibility of any company or advertising content (artwork or text) for publication. MAFP may request revision or refuse publication of any advertisement.

Cancellations: No refunds will be made for failure to submit artwork or text on or prior to the dates listed, or for cancellations made on or after the closing dates listed. For cancellations made prior to the artwork delivery dates listed, 50% of the full value of the contracted advertising space for the cancelled issue or issues will be refunded.

By signing this application form, I have read and agree to the conditions stated above.

Authorized Signature: _____ Date: _____

