

AmSECT Today 2011 Advertising Rates

Mail on disk to: AmSECT National Headquarters • 2209 Dickens Road • Richmond, VA 23230-2005
 Email artwork to: beverly@societyhq.com • Phone: (804) 565-6321 • Fax (804) 282-0090

GENERAL INFORMATION

Organization: American Society of ExtraCorporeal Technology
 Editor-in-Chief: Kirti Patel, MPH, CCP
 Subscription: Benefit of Society membership
 Issuance: 6 issues per year

MECHANICAL SPECIFICATIONS

Ad Sizes	Standard		Bleed	
	Width	Height	Width	Height
Full Page:	7.5"	10"	8.75"	11.25"
Half Page horiz:	7.5"	4.625"	-	-
Half Page vert:	3.625"	9.625"	-	-
1/3 Page	3.625"	6"	-	-
1/4 Page:	3.625"	4.75"	-	-
1/8 Page:	3.625"	2.25"	-	-

DISPLAY RATES / FREQUENCY DISCOUNTS

	6X	3X	1X
Full Page	\$1010	\$1107	\$1218
Half Page	\$720	\$792	\$871
Quarter Page	\$490	\$539	\$593
Eighth Page	\$220	\$242	\$266

PUBLICATION TRIM SIZE: 8.5" x 11" BLEED SIZE: 8.75" x 11.25"
 Please keep live matter within the 7.5"x10" page area.

For special multiple insertion rates to apply, complete payment for all insertions will be required upon invoice.

ADVERTISING POLICIES

Position available classified ads will also be displayed on AmSECT's Website, usually within 5 days of receipts of insertion order, at no additional charge. Ad cancellations will not be accepted after the available position has been posted on the website.

ADDITIONAL RATE FOR COLOR

Four Color +\$820

Deadlines: Materials are due as follows: **Jan/Feb issue** due Dec. 1; **Mar/April issue** due Feb. 1; **May/June issue** due April 1; **July/Aug issue** due June 1; **Sept/Oct issue** due Aug. 1; **Nov/Dec issue** due Oct. 1.

ADDITIONAL RATES FOR SPECIAL POSITION

Cover 2 +\$340
 Cover 3 +\$340
 Cover 4 +\$388
 Centerspread +\$772

PRODUCTION REQUIREMENTS

High resolution Adobe pdf digital files are strongly preferred. Adobe pdf files should be created as CMYK color, 300 dpi resolution, all fonts embedded with full bleed and crop marks, where applicable. If pdf files can not be sent, InDesign, Illustrator or Photoshop files (PC platform) are acceptable and must include all necessary graphics and fonts. For files too large for email, please send on disk to: **AmSECT Today**, 2209 Dickens Road, Richmond, VA 23230-2005.

DESIGN/COMPOSITION CHARGES

Ad Services can be provided at \$85 per hour. Request should be made three weeks prior to publication deadline.

Fax completed form and Insertion Order to (804) 282-0090

PLEASE PRINT OR TYPE



I would like to make a commitment for the following:

Ad(s) for: _____

Billing Client _____

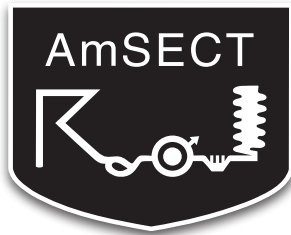
Address _____

City _____ State _____ Zip _____

Phone () _____ FAX () _____ Email _____

Authorized Representative _____ Title _____

Authorized Signature _____ Date _____



AmSECT Today

2011 ADVERTISING INSERTION ORDER

Ad Type: Display Classified **Display Ad Frequency:** 6x 3x 1x

Requested Publication Issue(s):

Jan/Feb Mar /April May/June July/Aug Sept/Oct Nov/Dec

Deadline for each issue is the FIRST DAY OF THE MONTH PRIOR.

- PLEASE PRINT -

Advertiser: _____ Product/Service: _____

Billing Client: _____ Contact Person: _____

Billing Address: _____

City/State/Zip: _____

Email Address: _____ Today's Date _____

Phone: _____ Fax: _____

Headline: _____

Ad Size:

- Full Page (base fee x 2 if center spread)
- Half Page - horizontal
- Half Page - vertical
- Quarter Page
- Eighth Page

Color:

- B/W
- 2 Color (+\$340)
- 3 Color (+\$580)
- 4 Color (+\$820)

Special Position:

- Inside Front Cover (+\$340)
- Inside Back Cover (+\$340)
- Back Cover (+\$388)
- Center Spread (+\$772)

Advertising and position requests will be taken on a first-come, first-served basis. Every effort will be made to accomodate your request. Please see the **AmSECT Today Rate Sheet** for the appropriate charges for your ad, color choice and special position request.

Classified Ad _____ Please email your ad in plain text or as an attached Word file.

Base Charge: \$ _____ + Color Fee: \$ _____ + Position Fee: \$ _____ **TOTAL COST: \$ _____**

P.O. / Insertion Number: _____ **Payment is due within 15 days of invoicing.**

Special Instructions: _____

Method of Payment: Check VISA MasterCard American Express

Card No: _____ Exp. Date _____ CVV Security Code* _____

Signature _____ Printed Name on Card _____

*CVV code is the three digit number on the back of VISA or MC or 4 digit number on the front of AMEX card above the account number.

Fax or email completed form and Insertion Order to (804) 282-0090

If paying by check, please make checks payable to **AmSECT** and mail to:

AmSECT • 2209 Dickens Road • Richmond, VA 23230-2005

Phone (804) 565-6363 • Fax signed and completed form to: (804) 282-0090 • Email: beverly@societyhq.com