

Advertising Insertion Order 2016-17

Clark County Medical Society



Contact Person or Ad Agency (if applicable) Company Name: Attn: Email: Address: City: State: Zip: Phone: Fax:	Send Invoice to Company name: Attn: Email: Address: City: State: Zip: Phone: Fax:
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County Line Monthly Newsletter Ads (mailed and emailed – distribution approximately 2,000)

Ad artwork art on file art to follow *email jpg, tiff or pdf to amyjo.austin@clarkcountymedical.org by the 12th of the month*

Edition start month & year: _____ Edition end month & year: _____

Choose one 1 time only 3 months (5% discount) 6 months (15% discount) 12 months (25% discount)

Choose one Invoice monthly Invoice total amount Ads must be paid prior to publication print date (20th of each month)

black & white ads (per occurrence)

- \$150 classified ad (60-word max.)
- \$350 quarter page 3.5" w x 5" h
- \$475 half page horizontal 7.5" w x 5" h
- \$475 half page vertical 3.5" w x 10" h
- \$600 full page 7.5" w x 10" h

4-color ads *please call 739-9989 to check on availability*

- \$650 half page back cover 7.5" w x 5" h
- \$850 full page 7.5" w x 10" h
- \$975 full page alternating inside cover/inside back cover
- \$2200 two-page centerfold
- \$1000 color inserts 8.5" x 11" 1500 copies provided by the advertiser (paper not to exceed 24lb)

Newsletter ad price x _____ cost \$ _____

Monthly discount x _____ cost \$ _____

Contract Total \$ _____

Website Banner Ads www.clarkcountymedical.org (average 3,500 hits per month)

Vertical Left Side (200 x 170 pixels)

Choose one
 1 month \$450 3 months \$1,350 6 months \$2,400 12 months \$4,200

Horizontal Top (550 x 150 pixels)

Choose one
 1 month \$615 3 months \$1,845 6 months \$3,450 12 months \$6180

Contract total \$ _____

All banner ads **must** be paid before ad will be posted on website. Ads rotate every 10 seconds.

Annual Pictorial Directory (distribution 1,500)

	<u>B/W</u>	<u>Color</u>
<input type="checkbox"/> 1/4 page 4.5" w X 1.88" h	\$ 720	\$ 920
<input type="checkbox"/> 1/2 page 4.5" w X 3.75" h	\$ 920	\$1,200
<input type="checkbox"/> full page 4.5" w X 7.5" h	\$1,200	\$1,600

Contract total \$ _____

All materials and payment **must** be received by January 1st

Email ads to amyjo.austin@clarkcountymedical.org

Premium placement ads*

**Limited availability – please call 739-9989*

- inside front or inside back cover 4-color \$ 2,975
- outside back cover 4-color \$ 3,375

Terms and Conditions

In signing this agreement, the advertiser agrees to the following:

1. All advertisements are subject to review by Clark County Medical Society (CCMS). In the event an ad is deemed unacceptable, a full refund will be provided to the advertiser.
2. Advertiser agrees to hold harmless the CCMS officers, employees and members from any action or suit arising out of advertisements placed by advertiser. This will include but not be limited to the following: copyright infringement, plagiarism, libel or any unauthorized use of a person's name, photographs or any claims represented in the ad that are untrue, or unauthorized,
3. It is understood that acceptance of the advertisement does not imply any endorsement, of any kind, by CCMS.
4. Any outstanding monies owed CCMS at press time may result in non-publication of the advertisement.
5. Severability; if any provision in this contract is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remaining provisions shall nevertheless continue in full force without being impaired or invalidated in any way.
6. This contract cannot be invalidated due to typographical errors, incorrect insertions or omissions resulting from actions of the publisher. Advertisers shall notify publisher of any error within 30 days of mailing date of publication. Publisher agrees to run a correction for the incorrect portion of the advertisement. Publisher shall not be liable to advertiser for any loss resulting from the incorrect advertisement.

Signature and Acceptance:

By my signature below I agree to all the terms and conditions of this contract and the Rate Sheet. I further warrant that I have full authority to contract for the goods and services represented herein. The parties agree that a signed copy of this contract shall be as valid as the original.

Organization:	Date:	Title:
Signature:	Date:	Name Printed:
Clark County Medical Society Representative		
Accepted By:	Date:	Title: