

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 lupita.abrew@clarkcountymedical.org by the 12th of the month*

Edition start month & year:	Edition end month & year:
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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) <input type="checkbox"/> \$150 classified ad (60-word max.) <input type="checkbox"/> \$350 quarter page 3.5" w x 5" h <input type="checkbox"/> \$475 half page horizontal 7.5" w x 5" h <input type="checkbox"/> \$475 half page vertical 3.5" w x 10" h <input type="checkbox"/> \$600 full page 7.5" w x 10" h	4-color ads <i>please call 739-9989 to check on availability</i> <input type="checkbox"/> \$650 half page back cover 7.5" w x 5" h <input type="checkbox"/> \$850 full page 7.5" w x 10" h <input type="checkbox"/> \$975 full page alternating inside cover/inside back cover <input type="checkbox"/> \$2200 two-page centerfold <input type="checkbox"/> \$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 \$ _____
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Website Banner Ads www.clarkcountymedical.org (average 3,500 hits per month)

Vertical Left Side (200 x 170 pixels) Choose one <input type="checkbox"/> 1 month \$450 <input type="checkbox"/> 3 months \$1,350 <input type="checkbox"/> 6 months \$2,400 <input type="checkbox"/> 12 months \$4,200 Horizontal Top (550 x 150 pixels) Choose one <input type="checkbox"/> 1 month \$615 <input type="checkbox"/> 3 months \$1,845 <input type="checkbox"/> 6 months \$3,450 <input type="checkbox"/> 12 months \$6180	Contract total \$ _____ All banner ads must be paid before ad will be posted on website. Ads rotate every 10 seconds.
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Annual Pictorial Directory (distribution 1,500)

<table style="width:100%;"> <tr> <td style="width:30%;"></td> <td style="width:20%; text-align: center;"><u>B/W</u></td> <td style="width:20%; text-align: center;"><u>Color</u></td> <td style="width:30%;"></td> </tr> <tr> <td><input type="checkbox"/> 1/4 page 4.5" w X 1.88" h</td> <td style="text-align: center;">\$ 720</td> <td style="text-align: center;">\$ 920</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 1/2 page 4.5" w X 3.75" h</td> <td style="text-align: center;">\$ 920</td> <td style="text-align: center;">\$1,200</td> <td></td> </tr> <tr> <td><input type="checkbox"/> full page 4.5" w X 7.5" h</td> <td style="text-align: center;">\$1,200</td> <td style="text-align: center;">\$1,600</td> <td></td> </tr> </table> Premium placement ads* <i>*Limited availability – please call 739-9989</i> <input type="checkbox"/> inside front or inside back cover 4-color \$ 2,975 <input type="checkbox"/> outside back cover 4-color \$ 3,375		<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 lupita.abrew@clarkcountymedical.org
	<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															

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