

To purchase advertising, please print out and complete this form, then submit it by mail, fax or email.

ALASKA STATE MEDICAL ASSOCIATION

4107 Laurel St. ❖ Anchorage, AK 99508 ❖ (907) 562-0304 ❖ Fax (907) 561-2063

HEARTBEAT ADVERTISING CONTRACT 2018

_____ (entity – business, organization, agency or individual) agrees to purchase advertising in the ASMA newsletter *Heartbeat*, which is published six (6) times a year.

The size of the advertisement is to be:

<u>(Check one)</u>	<u>Dimensions (no bleed)</u>	<u>Cost</u>	<u>Premium placement</u>
<input type="checkbox"/> Full page	7½" wide x 9½" tall	\$400	+ \$40 (full page only)
<input type="checkbox"/> Half page vertical	3⅝" wide x 9½" tall	\$275	N/A
<input type="checkbox"/> Half page horizontal	7½" wide x 4¾" tall	\$275	N/A
<input type="checkbox"/> Quarter page	3⅝" wide x 4½" tall	\$165	N/A
<input type="checkbox"/> Back page (full year only)	7½" wide x 4¾" tall	\$400	N/A (premium fee included)

Prices are per insertion for camera-ready, digital files (preferably pdf). A one-time production fee of \$50 applies for any advertisement created or substantially modified by ASMA.

All premium positions (back cover, inside front cover, inside back cover, center spread-left and right) have been sold for all of 2018.

Ads are black-and-white only. Placement is random for non-premium insertions.

Deadlines for contracts/insertion orders and camera-ready ads are the first business day of each publication month: Feb. 1, April 2, June 1, Aug. 1, Oct. 1 and Dec. 3. For ads that require ASMA production work, information and art elements must be submitted at least one week before those deadlines.

Payment by check, money order or credit card is due upon receipt of invoice.

I have read this insertion order, agree to the cost and payment terms, and am authorized to commit the above-named business, organization, agency or individual to purchase advertising. PLEASE FILL IN ALL BLANKS:

Name: _____	Standard ad rate	\$ _____
Title: _____	Premium placement	\$ 40.00 (if applicable)
Signature: _____	Production fee	\$ 50.00 (if applicable)
Date: _____	Total cost per issue	\$ _____
Entity: _____	PLACEMENT (no minimum; check all that apply):	
Address: _____	<input type="checkbox"/> Entire year (six issues)	
City, State, ZIP: _____	<input type="checkbox"/> February issue	
Phone: _____ Fax: _____	<input type="checkbox"/> April issue	
E-mail: _____	<input type="checkbox"/> June issue	
	<input type="checkbox"/> August issue	
	<input type="checkbox"/> October issue	
	<input type="checkbox"/> December issue	

Optional: Charge this to my credit card (per issue, not total for year). ASMA accepts all major credit cards.

Account number: _____ Expiration date: ____ / ____

Name on card _____ CVV/CID# _____ Billing ZIP _____

Submit contracts/insertion orders to: Dave Rush, Communications Director, 4107 Laurel St., Anchorage, AK 99508; Fax: (907) 561-2063; Email: drush@asmadocs.org