

2019 ADVERTISING RATES

Prices shown are for print-ready advertisements, per insertion, per issue

Heartbeat

Membership newsletter, B&W, published in February, April, June, August, October and December

Distribution: about 600

Readership: ASMA members (physicians and physician assistants)

Page size = 8 ½ x 11 inches (8.5 x 11)

PREMIUM PLACEMENT, black-and-white only

Contract for full year (all 6 issues) required

DESCRIPTION	WIDTH (in.)	HEIGHT (in.)	BLEED (in.)	RATE (USD)
Inside Front Cover	7 ½ (7.5)	9 ½ (9.5)	None	550
Inside Back Cover	7 ½ (7.5)	9 ½ (9.5)	None	550
Center Spread, Left Page	7 ½ (7.5)	9 ½ (9.5)	None	550
Center Spread, Right Page	7 ½ (7.5)	9 ½ (9.5)	None	550
Back Cover (Half Page)	7 ½ (7.5)	4 ¾ (4.75)	None	500

RANDOM PLACEMENT, black-and-white only

These ads can be purchased for any number of issues, 1-6

DESCRIPTION	WIDTH (in.)	HEIGHT (in.)	BLEED (in.)	RATE (USD)
Full Page	7 ½ (7.5)	9 ½ (9.5)	None	500
Half Page, Horizontal	7 ½ (7.5)	4 ¾ (4.75)	None	325
Half Page, Vertical	3 ¾ (3.75)	9 ½ (9.5)	None	325
Quarter Page	3 ¾ (3.75)	4 ½ (4.5)	None	200

Production surcharge for an ad that is not print-ready = \$50

Continued...

2019 ADVERTISING CONTRACT

ENTITY NAME: _____

INDIVIDUAL PLACING ORDER: _____
Print or type name *Signature (required)*

STREET ADDRESS OR PO BOX: _____

CITY, STATE, ZIP: _____

PHONE _____ FAX: _____ EMAIL: _____

Heartbeat

Placement & Art Deadlines: COB Feb. 1, Apr. 1, Jun. 3, Aug. 1, Oct. 1, Dec. 2, 2019

SIZE (CIRCLE ONE): FULL PAGE HALF PAGE HORIZONTAL HALF PAGE VERTICAL QUARTER PAGE

ISSUES (CIRCLE ALL THAT APPLY): FEB APR JUN AUG OCT DEC FULL YEAR (6 ISSUES)

PREMIUM (FULL PAGE, 6 ISSUES) – PREFERRED POSITION (*Please list up to 3, in order of preference*): RATE:

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

Order Summary

<u>PUBLICATION</u>	<u>RATE</u>	<u>x FREQUENCY</u>	<u>SUBTOTAL</u>
Heartbeat	\$ _____	x _____ (<i>number of issues, 1-6</i>)	\$ _____
SUBTOTAL			\$ _____
PRODUCTION FEE(S), if applicable, for ad(s) not print-ready			\$ _____
TOTAL			\$ _____

BILL ME

CHARGE TO MY CREDIT CARD (*Do not email credit card information, as email is not secure!*)

Account number: _____ Expiration date: ____ / ____

Name on card: _____ CDV/CID# _____ Billing ZIP: _____

Submit contract to: ASMA Publications, 4107 Laurel St., Anchorage, AK 99508-5334; fax (907) 561-2063; email drush@asmadocs.org. Questions? Call (907) 562-0304.