



## Northeast Florida Medicine 2009 Advertising Rates/Specifications/Due Dates

**Northeast Florida Medicine** reaches a highly focused audience of physicians and other professionals. Published quarterly by the DCMS Foundation on behalf of the Medical Societies of Duval, Clay, Nassau, Putnam, and St. John's Counties, with print distribution to over 2,100 Northeast Florida physicians (MDs and DOs) and affiliated healthcare professionals; journal content is also posted on our companion website, [www.dcmsonline.org](http://www.dcmsonline.org), receiving over 100,000 hits monthly.

**Rates below are effective beginning with the First Quarter 2009 issue of *Northeast Florida Medicine*.**

### Display Ad sizes:\*

Full page, interior (7" wide, 9 1/2" deep) ☆  
 1/2 page vertical (3 1/2" wide x 9 1/2" deep)  
 1/2 page horizontal (7" wide, 4 3/4" deep)  
 1/4 page (3.5" wide, 4 3/4" deep)  
 Insert (brochure, flyer, etc.)  
 Inside front cover  
 Inside back cover  
 Page opposite inside back cover  
 Industry Supporter Business Card

### Cost:

\$550 b/w ★  
 \$400 b/w ★  
 \$400 b/w ★  
 \$250 b/w ★  
 \$500 (if preprinted/if not, discuss with managing editor)  
 \$775 (includes color surcharge)  
 \$775 (includes color surcharge)  
 \$775 (includes color surcharge)  
 \$100 b/w only

- \* *Layout restrictions may require slight adjustment of ad size with customer approval.*
- ☆ *Special position placement possible upon request and availability.*
- ★ *Color is available for an extra charge of \$50 for one spot color and \$125 for four color process.*

### Display Ad Format:

**A high resolution PDF (300 dpi or higher) is the preferred format for receiving your ad.** Please send your PDF ad content via email to [llegacy@dcmsonline.org](mailto:llegacy@dcmsonline.org) or put it on a CD and mail to: DCMS 555 Bishopgate Lane, Jacksonville, FL 32204. Color ads should be CMYK format. Minimal ad design is available for a fee. (\$25-50)

### Classified ads:

Available for \$25 for the first 25 words and 40 cents a word thereafter. Specialized headings (i.e. logos) are \$10.00 extra. Fax or email ad copy. Make sure insertion order information (p. 2) is also provided.

**Advertising policy:** *Northeast Florida Medicine* is not responsible for statements and opinions of authors or the claims made by advertisers in the journal. The appearance of advertising does not guarantee or endorse the claims of advertisers, and acceptance of advertising is subject to approval. Payment to be kept current; a delinquent invoice may result in removal of advertising. Ads cancelled after closing date are subject to a 50% cancellation fee. Ads requested after the ad copy due date are subject to a 25% surcharge.

### Due dates:reserve space/artwork

1st Quarter 2009: January 14/February 2  
 2nd Quarter 2009: April 14/May 1  
 3rd Quarter 2009: July 14/August 3  
 4th Quarter 2009: October 13/October 30

### Target mail date (all 2009)

March 6  
 June 9  
 September 4  
 December 7

**Questions?** For advertising assistance, contact Barbara Braddock, (904) 355-6561 x107/[membership@dcmsonline.org](mailto:membership@dcmsonline.org) or Leora Legacy, (904) 355-6561 x103/[llegacy@dcmsonline.org](mailto:llegacy@dcmsonline.org).

### Quarterly Issue Topics (Subject to change)

1st Quarter - Colorectal Cancer  
 2nd Quarter - Residents Research  
 3rd Quarter - Spinal Cord Injuries  
 4th Quarter - Travel Medicine



# Northeast Florida Medicine 2009 Advertising Insertion Order/Space Reservation

This Insertion Order form must be received by the reserve space due date for the issue being ordered (see reserve space due dates on both pages). **Fax or email this form (p.2) to Barbara Braddock or Leora Legacy. See below:**

**Barbara Braddock**  
**FAX: (904) 353-5848**  
**Email: membership@dcmsonline.org**  
**Phone: 904-355-6561 x107**

**Leora Legacy**  
**FAX: (904) 353-5848**  
**Email: llegacy@dcmsonline.org**  
**Phone: 904-355-6561 x103**

Name of company: \_\_\_\_\_

Person authorized to place ad signature/title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip+4/Postal code: \_\_\_\_\_ Email: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_ Fax number: (\_\_\_\_) \_\_\_\_\_

Contact person, if different from above: \_\_\_\_\_

Billing agency, address, phone, fax, email, if different from above: \_\_\_\_\_

Date(s) of insertion (check all that apply):

**Due dates:reserve space/artwork due**

- 1st quarter 2009: January 14/February 2
- 2nd quarter 2009: April 14/May 1
- 3rd quarter 2009: July 14/August 3
- 4th quarter 2009: October 13/October 30

**Target mail date (all 2009)**

- March 6
- June 9
- September 4
- December 7

**Display Ad sizes:**

- Full page
- 1/2 page vertical *OR* 1/2 page horizontal
- 1/4 page
- Industry Supporter Business Card

**Cover or Premium Position: (based on availability):**

- Inside front cover
- Inside back cover
- Page opposite inside back cover
- Other position request: \_\_\_\_\_

**Color:** (Ad in pdf format/CMYK color)

- B/W
- 4/C
- 2/C

**Classified Ad size:**

- Classified # of words (# ) Email ad content w/form



Office Use Only

**Ad cost:** Ad size = \$ \_\_\_\_\_

NOTES:

Guaranteed position = \$ \_\_\_\_\_

Color charge, if any = \$ \_\_\_\_\_

Net amount due ad = \$ \_\_\_\_\_

**(FAX or email to DCMS. See above)**