



# LANE COUNTY MEDICAL SOCIETY

P.O. Box 7192 • Springfield, OR 97475  
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## Monthly Magazine Advertising Contract - 2021

for advertising in **MEDICAL MATTERS**, the official monthly publication of the Lane County Medical Society

Company Represented: \_\_\_\_\_

Marketing Agency (if any) \_\_\_\_\_

Contact: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, St Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax \_\_\_\_\_

### 2021

- JAN
- FEB
- MAR
- APR
- MAY
- JUN
- JUL
- AUG
- SEP
- OCT
- NOV
- DEC

Traffic Sheet required for monthly ad changes. All ad deadlines apply.

#### AD RATES PER MONTH

Outside Back Cover	\$690
Inside Front Cover	\$675
Inside Back Cover	\$675
Full (8.5X11 <b>bleed</b> or 7.5X10 <b>no bleed</b> )	\$455
1/2 page (7.5 W x 4.75 H)	\$290
1/3 page square (5 W x 4.75 H)	\$175

Rate per issue \$ \_\_\_\_\_

Number of issues X \_\_\_\_\_

**Total** \$ \_\_\_\_\_

#### AD COPY - select one

- Use current ad: no changes
- New ad copy: press-optimized PDF or PDF/x1a embed all fonts, images 300+ dpi, turn off subsetting email pdf to: [info@lcmedsociety.com](mailto:info@lcmedsociety.com)

#### Instructions:

- Choose month(s) for ad or flyer placement.
- Choose ad size or select flyer type. Flyer advertisers are responsible for the printing and delivery of their flyers to Techna Print.
- Renewing advertisers: indicate whether ad is new or continuation of current ad.
- Complete and sign this form below; email, mail or fax to LCMS. Space for your advertisement or flyer is reserved upon receipt of your signed contract.
- Indicate payment type - select one.

- From LCMS invoice.
- Credit card information below - Visa or MasterCard accepted.

**DEADLINE for ad artwork:**  
**5th of the month prior to publication.**

#### COLOR FLYER INSERTION RATES PER MONTH

Flyer, single-sided (8.5 W x 11 H)	\$450
Flyer, double-sided (8.5 W x 11 H)	\$600
Price excludes printing costs. Deliver flyer to Techna Print.	

**DEADLINE for contract + delivery of flyer**  
**Techna Print: 10<sup>th</sup> of the month preceding publication**

Account Number \_\_\_\_\_

Amount \$ \_\_\_\_\_ Exp Date \_\_\_\_\_ CVC \_\_\_\_\_  
MONTH/YR

Name on Credit Card \_\_\_\_\_ Billing Zip \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Notice: Advertisers and their agencies assume all liability for content and accuracy of advertisements. Advertising statements are expected to be factual; however, the Lane County Medical Society (LCMS) makes no representation or warranty as to their accuracy or reliability. Publishers and agents bear no financial responsibility for errors. LCMS and its publishers reserve the right to refuse any advertising. Advertisers assume responsibility for charges incurred in the preparation of ads, and in the preparation and printing of flyers, for publication. (Advertisements withdrawn after a contract is signed will be billed as contracted.)