



# LANE COUNTY MEDICAL SOCIETY

990 West Seventh Avenue • Eugene, Oregon 97402  
(541) 686-0995 • Fax: (541) 687-1554 • info@lcmedsociety.com

## Monthly Newsletter Advertising Contract - 2018

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

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

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

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

Billing Addr: \_\_\_\_\_

City, St ZIP \_\_\_\_\_

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

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

**2018**

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

Inside Front Cover	\$660
Outside Back Cover <b>SOLD</b>	
Full page- with premium placement	\$660
Full (8.5X11 <b>bleed</b> or 7.5X10 <b>no bleed</b> )	\$440
1/2 page (7.5 W x 4.75 H)	\$280
1/3 page square (5 W x 4.75 H)	\$160

### 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)

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

### COLOR FLYER INSERTION RATES PER MONTH

<b>Flyer, single-sided</b> (8.5 W x 11 H)	\$450
<b>Flyer, double-sided</b> (8.5 W x 11 H)	\$600

Price excludes printing costs. Deliver flyer to LCMS printer.

**DEADLINE for contract + delivery of flyer to LCMS printer: 15<sup>th</sup> of the month preceding publication.**

*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 Advertisements withdrawn after a contract is signed will be billed as contracted.*

Rate per issue	\$ _____
Number of issues	x _____
Subtotal	\$ _____
Three percent (3%) discount for annual contract (6+ issues) paid in full at time of submission	\$ _____
<b>Total</b>	\$ _____

### 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; contact LCMS for print quantity and delivery address.
- Renewing advertisers: indicate whether ad is new or continuation of current ad.
- Indicate payment type - select one.

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

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

Amount \$ \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Month/Year

Authorized Signature \_\_\_\_\_

- 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.

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

Signature \_\_\_\_\_

Date \_\_\_\_\_