

ALABAMA PHARMACY

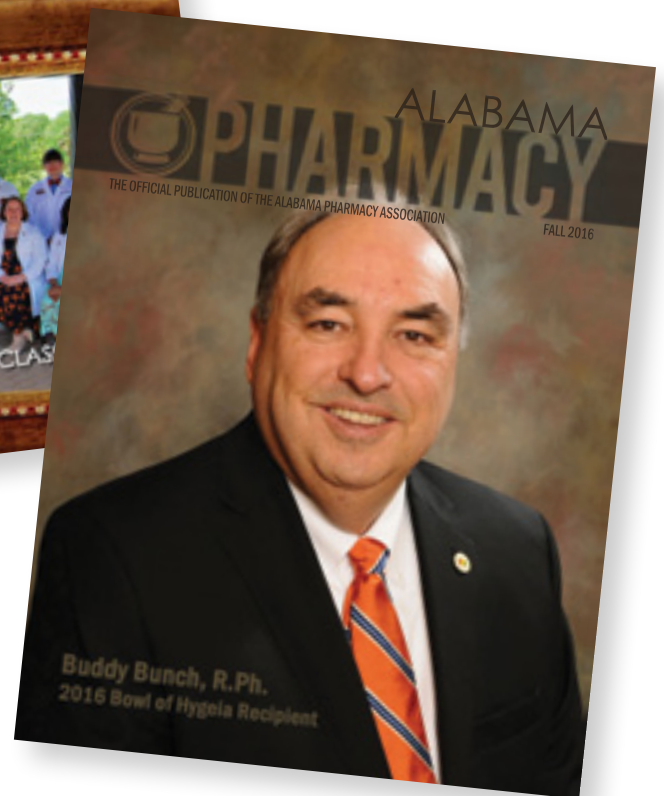
THE OFFICIAL PUBLICATION OF THE ALABAMA PHARMACY ASSOCIATION

2017



Advertising in
Alabama Pharmacy puts
your company's message
in front of pharmacists,
technicians and students
across the state.

This full color quarterly
publication provides
members with the latest in
pharmacy news, legislative
issues, information
on upcoming events,
continuing education and
member benefits.



CONTACT

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ADVERTISING

ADVERTISING RATES AND SPECIFICATIONS

PROFILE

Alabama Pharmacy is published quarterly for Alabama Pharmacy Association (APA) members.

It includes articles on clinical topics, news from state pharmacy schools, member profiles, member feature articles, legislative news, Medicaid and Medicare updates, State Board updates and APA's calendar of events.

CIRCULATION

Approximately 2,700 pharmacy professionals, including hospitals, state agencies, legislators, students in our two Alabama pharmacy schools, manufacturers and wholesalers.

Published by the
Alabama Pharmacy
Association

Louise Jones
APA Executive Director

Danielle Cole
APA Associate Executive
Director

Kelly Findley
Member Benefits Coordinator

Charlotte Noble
Education & Events Coordinator

Leisa Johnson
Communications Director

Katie Jones
Membership Coordinator

ADVERTISING RATES:

SIZE	1x	4x	RATES
1/4 Page	\$ 650	\$ 595 ea.	If number of insertions are not specified, insertions will be billed at the one-time rate.
1/2 Page	\$ 950	\$ 825 ea.	
Full Page	\$1,300	\$1,175 ea.	NOTE: 4x rate ads must run consecutively.
Inside Front	\$1,800	\$1,620 ea.	
Inside Back	\$1,700	\$1,585 ea.	
Back Cover	\$1,950	\$1,805 ea.	

2016 ADVERTISING PLANNING CALENDAR:

Quarterly Issue	Insertion Order Due	Artwork Due	Publication Date
Spring	January 20	January 27	March
Summer	April 21	April 28	June
Fall	July 21	July 28	September
Winter	October 20	October 27	December

TERMS:

All payments are due 30 days after date of invoice. Past due invoices are subject to a one percent per month service charge. The advertiser (and the agency when applicable) is responsible for payment of all advertising to the publisher. The advertiser is responsible for payments not made by their agency. The content of the material is the sole responsibility of the advertiser and/or agency.

AD DIMENSIONS:

Full Page, Inside Front, Inside Back

8.5"w x 11"h; plus .125" bleed; minimum .125" internal margin

Back Cover 8.5"w x 5.5"h; plus .125" bleed; minimum .125" internal margin

1/2 Page (horizontal): 7.5"w x 4.75"h | **1/2 Page** (vertical): 3.625"w x 10"h

1/4 Page 3.625"w x 4.875"h

FORMAT DETAILS: We accept the following formats: high resolution PDF, linked InDesign files, high resolution flat Photoshop files, and outlined Illustrator files. CMYK for 4 color ads. No RGB files. Resolution should be 300 dpi at 100%. Please include all fonts and support documents, laser proofs so that we may check our output, and a contact name and phone number in case we have questions.

send advertising material to:

Alabama Pharmacy Association
Attn: *Alabama Pharmacy* Advertising Department
1211 Carmichael Way, Montgomery, AL 36106

leisa@aparx.org

ADVERTISING AGREEMENT



ADVERTISER'S INFORMATION:

NEW CLIENT RENEWAL

Business Name: _____ Contact: _____

E-Mail Address: _____ Web Site: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell Phone: _____

Billing Address (if different from above):

Please check one:	<input type="checkbox"/> INSIDE FRONT AD	<input type="checkbox"/> INSIDE BACK AD	<input type="checkbox"/> BACK COVER AD
Please check one:	<input type="checkbox"/> FULL PAGE AD	<input type="checkbox"/> 1/2 PAGE AD	<input type="checkbox"/> 1/4 PAGE AD
Please check issue(s):	<input type="checkbox"/> SPRING ISSUE	<input type="checkbox"/> SUMMER ISSUE	<input type="checkbox"/> FALL ISSUE <input type="checkbox"/> WINTER ISSUE

Advertising Rate: _____ Total Cost: _____

Notes:

Authorized Signature: _____ Date: _____

After completing and signing this ad agreement, please fax to (334) 271-5423, ATTN: Leisa Johnson or email to leisa@aparx.org.