



Practice Focus Electronic Newsletter
Advertising Application

2019 Publication Schedule

<i>Practice Focus</i> Issue	Deadline for advertising	Publication date
Spring	March 8, 2019	March 22, 2019
Summer	June 7, 2019	June 21, 2019
Fall	August 30, 2019	September 13, 2019
Winter	December 6, 2019	December 20, 2019

Full Color Advertising Specifications: Full Page Live Area: 7.5" W x 9.75" H
 ½ Page Live Area: 7.5" W x 4.75" H OR 3.5" W x 9.75" H
 ¼ Page Live Area: 3.5" W x 4.75" H

We hereby apply for full color advertising space in the Michigan Medical Group Management Association’s quarterly newsletter, *Practice Focus*. We understand that upon acceptance of this application by MiMGMA, a contract consisting of this application, all terms incorporated by reference herein, and the advertising space assignment will be in full force and effect. Advertising space will be assigned on a first-come, first-serve basis. Placement of our ad within the newsletter is at the sole discretion of MiMGMA. MiMGMA reserves the right to refuse to accept advertising that it believes is not in the best interest of its membership. Receipt of payment does not guarantee that advertising space is available or will be assigned.

PLEASE TYPE OR PRINT CLEARLY

Advertising Company: _____
 Mailing Address: _____
 City/State/Zip: _____
 Phone: _____ Fax: _____ E-Mail: _____
 Contact Person: _____
 Signature: _____

Please pay my **2019 Membership Dues (\$159)**

Advertising Space Purchased (Indicate Your Choice of Ad Package):

_____ MEMBER _____ NON MEMBER

Premium Package (includes all four 2018 editions):

___ Full Page	\$4,050	\$4,500
___ ½ Page	\$2,025	\$2,250
___ ¼ Page	\$1,012	\$1,125

Silver Package (pick two): ___ Spring ___ Summer ___ Fall ___ Winter

___ Full Page	\$2,295	\$2,550
___ ½ Page	\$1,148	\$1,275
___ ¼ Page	\$576	\$640

Basic Package (pick one): ___ Spring ___ Summer ___ Fall ___ Winter

___ Full Page	\$1,350	\$1,500
___ ½ Page	\$675	\$750
___ ¼ Page	\$338	\$375

SUB TOTAL: \$ _____



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MEMBER NON MEMBER

Web Advertising:

___ Banner	\$4,900	\$5,000
___ Ad	\$1,900	\$2,000
___ Webinar Sponsor	\$400	\$500

SUB TOTAL: \$ _____

SUB TOTAL FROM PAGE 1: \$ _____

TOTAL: \$ _____

Payment method: ___ Check/Money Order ___ VISA ___ MasterCard ___ American Express ___ Discover

Credit card number: _____ Exp. Date: _____ CVS Code: _____

Name of authorized cardholder (please print): _____

Cardholder's billing address (Street Address, City, State, Zip): _____

Send completed form with credit card or check made payable to MiMGMA by:

- **Mail** P.O. Box 205 Jackson, MO 63755;
- **Email** info@mimgma.org

All ads for consideration must be sent to info@mimgma.org. Only after verbal acceptance of your advertising application has been given will a credit card charge be processed or a check deposited.

If you have any questions: Please e-mail Justin Pitt at info@mimgma.org.

MiMGMA reserves the right to change/cancel fees and advertising levels/benefits at any time.