Color Ad Insertion Order

PPMA, 757 Poplar Church Rd., Camp Hill, PA, 17011
Email ad to info@ppma.org

Company Name

Contact Person

Address

City/State/Zip

PH: ___________________________ FAX ___________________________ Email ________________

Six Issues a Year: January/February; March/April; May/June; July/August; September/October; and November/December in a Digital Flipbook format.

One-page Color Ad
Dimensions: 8.5 x 11 TRIM SIZE
8.75 x 11.25 BLEED SIZE

(   ) 1 x: $470.00
(   ) 6 x: $400.00 each

1/2-page Color Ad
Dimensions: H: 7.5 x 4.625

(   ) 1 x: $260.00
(   ) 6 x: $200.00 each

1/4-page Color Ad
Dimensions: V: 3.625 x 4.625

(   ) 1 x: $157.00
(   ) 6 x: $100.00 each

METHOD OF PAYMENT:

CHECKS payable to Pennsylvania Podiatric Medical Association

CREDIT ACCEPTED:    __MC     __VISA   __AMEXP  __DISCOVER

Account # _______________________________________________________________
Exp. Date_______________________ Amount $_______________________
Signature _______________________________________________________________

Classified Ad Placement

( ) Member Ad - Complimentary
( ) Non-Member Ad - $40 per issue

PPMA MEMBERS MAY ADVERTISE IN THE PPMA NEWS AT NO CHARGE. Please limit your ad to 50–60 words. Ads expire after 90 days and will be deleted.

NON-MEMBERS: Marketplace rates are $40 per issue. Payment for all classified ads must be made prior to ad being placed in the newsletter. PAYMENT MUST ACCOMPANY FORM.

Fax to 717-761-4091 or email to info@ppma.org.
Terms and Conditions

TERMS OF CONTRACT

Acceptance of copy is subject to publisher’s approval. Advertising is accepted with the understanding that the advertiser or his agency agrees to indemnity the publisher against any expenses or claims resulting from the unauthorized use of any name, photography, copyrighted material, or patented article in said advertiser’s advertisement.

The publisher reserves the right to refuse any advertisement that, in his or her opinion, is unethical, makes extravagant claims, misrepresents, is unfair or harmful to other advertisers, violates postal or U.S. currency regulations, or is unsatisfactory to said publisher or its interests.

Full Payment Must Accompany Ad Placement: No exceptions, no refunds; if advertiser contracts for 6 times a year at the discounted rate, then mid-way cannot request a refund and pull the ad. The rate will be adjusted to reflect the actual number of units used within the contract year. Orders are accepted subject to change in rates upon notice from the publisher. Contracts may be canceled at the time the new rates become effective without incurring a short-rate adjustment.

Changes of copy are not guaranteed after the scheduled closing dates. Current circulation is more than 800.

I understand the terms and conditions within this advertising contract and accept them.

________________________________________________________________________________________________

Signature

CLOSING DATE
Ads are due by the 5th of the published month along with full payment. Make checks payable to the Pennsylvania Podiatric Medical Association or call 1-800-841-3668, x218, to use MasterCard, Visa, Discover, or American Express.

SPECIFICATIONS FOR SENDING COLOR ARTWORK
Email electronically to: info@ppma.org

Formats Accepted (PC ONLY)
High Quality Print PDF; Adobe InDesign Creative Suite; PhotoShop Creative Suite; and Illustrator Creative Suite.