## Color Ad Insertion Order

Email ad to susan@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.

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

<table>
<thead>
<tr>
<th></th>
<th>1 x:</th>
<th>6 x:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$470.00</td>
<td>$400.00 each</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>1 x:</th>
<th>6 x:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$260.00</td>
<td>$200.00 each</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>1 x:</th>
<th>6 x:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$157.00</td>
<td>$100.00 each</td>
<td></td>
</tr>
</tbody>
</table>

## Method of Payment:

- CHECKS payable to Pennsylvania Podiatric Medical Association

- CREDIT ACCEPTED:    __MC     __VISA     __AMEXP     __DISCOVER

**Account # _______________________________________________________________**

**Exp. Date________________________ Amount $________________________**

**Signature ________________________________**

**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 susan@ppma.org.
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: susan@ppma.org

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