

NORTHERN OHIO PHYSICIAN Advertising Rates & Specifications

PUBLICATION: *Northern Ohio Physician* is published by the Academy of Medicine of Cleveland & Northern Ohio.

FREQUENCY OF ISSUES: Published the 2nd full week of the first month of the bi-monthly issue. Six issues per year: January/February; March/April; May/June; July/August; September/October; November/December.

DEADLINE: First day of month preceding cover date.

EDITORIAL CONTENT: AMCNO original articles, news of association activities and policies, medical/socioeconomic news, news of individual members, editorials and letters of interest.

CIRCULATION: 3,500. AMCNO physician members, hospitals and allied institutions.

The publisher reserves the right to reject any copy before printing. Ethical drug ads must comply with requirements of Federal law and regulation.

ADVERTISING RATES:

FULL PAGE (BLACK & WHITE) \$1250
7³/₄" x 10"

2/3 PAGE \$1150
5¹/₆" x 10"

1/2 PAGE (VERTICAL) \$ 790
3³/₄" x 10" OR

1/2 PAGE (HORIZONTAL)
7³/₄" x 4⁵/₈"

1/3 PAGE (VERTICAL) \$ 525
2³/₈" x 10" OR

1/3 PAGE (SQUARE)
5¹/₆" x 5¹/₆"

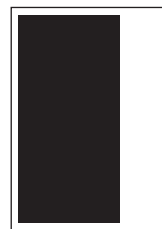
1/4 PAGE \$ 425
3⁷/₈" x 4⁵/₈"

COVERS:

4th cover – \$1500; 2nd cover – \$1400;
3rd cover – \$1200



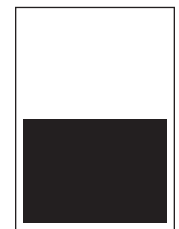
full page



2/3 page



1/2 page vertical



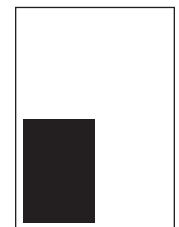
1/2 page horizontal



1/3 page vertical



1/3 page square



1/4 page

NEW TO ADVERTISERS!

In addition to our print version of the NOP, the AMCNO also offers an online version. For an additional 10% of the cost of your advertisement in each issue, the AMCNO will include an embedded link in the online version of your advertisement.

COLOR RATES:

\$350 additional for 2-color; \$800 additional for 4-color.

MECHANICAL RATES: Ads requiring any preparation by the publisher will be charged at prevailing rates for typesetting, artwork and conversions at cost. (Minimum charge is \$75.)

DIGITAL FORMAT OF FILES: Ad files are to be provided on a CD, floppy or Zip and accompanied by a full size color proof.

Digital files will be accepted in the following software programs: Quark, InDesign, Illustrator, Freehand, Photoshop, and high-resolution PDF files.

Placed photo images must be 265dpi or higher at final size. Files created exclusively in Photoshop should be flattened and saved as 300dpi tiff or eps.

All fonts not converted to paths must be included with artwork. Provide Postscript printer and screen fonts.

All graphics, text, logos, and photos must be saved in correct color usage (CMYK, spot Pantone color, black and white).

ADVERTISING COMMISSION AND DISCOUNT POLICIES:

Rates published are net, no discounts.

GENERAL RATE POLICY:

Terms are net 15 days from invoice date. Any advertising space reservation or order not canceled in writing on or before space reservation closing date will be charged for space reserved or contracted for.



AMCNO ADVERTISING CONTRACT

Official Publication of the Academy of Medicine of Cleveland & Northern Ohio

ADVERTISER: _____ DATE: _____

CLIENT CONTACT: _____ SALESPERSON: Chris Allen

ADDRESS: _____ PHONE: _____ FAX: _____

CITY, STATE, ZIP: _____ EMAIL: _____

You are authorized to reserve the following spaces for our advertisement at the indicated cost and subject to the conditions as noted herein:

Table with 6 columns: ISSUE DATES, SIZE, SHAPE, COLOR, FREQUENCY, RATE PER INSERTION. Rows include month pairs like January/February, March/April, etc.

We agree that this order is subject to the terms and provisions of this rate card. Rates subject to change with 30 days advance notice from publisher. Payment is due in full within 15 days of publication.

POSITION:

- Best possible at publisher's sole discretion
Preferred (if available) (10% additional)

MATERIALS:

- Camera-ready line art
To be produced by magazine (due no later than space deadline)
Bill to advertiser

AUTHORIZED INDIVIDUAL FOR BILLING PURPOSES:

NAME (please print): _____

TITLE: _____

Rate protect to: _____

DATE: _____

BANK REFERENCES: _____ BILLING: _____ CREDIT REFERENCE: _____

I have read and agree to terms and conditions on both pages of this contract.

SIGNATURE: _____ DATE: _____

ALL ADVERTISING INQUIRIES:

CONTACT: Chris Allen
Commemorative Publishing Company
3901 W. 224 Street
Fairview Park, Ohio 44126
Telephone: (216) 736-8601
Fax: (216) 736-8602
Email: cpublishing@me.com

DIGITAL FORMATTED FILES AND CAMERA-READY LINE ART:

PLEASE SEND TO: AMCNO
Communications Department
6100 Oak Tree Blvd., Ste. 440
Independence, OH 44131
Phone: (216) 520-1000

ALL SIGNED CONTRACTS AND INSERTION ORDERS:

SEND VIA FAX TO: Chris Allen
Commemorative Publishing Company
(216) 736-8602

IF YOU ARE PAYING BY CHECK, PLEASE MAIL CHECKS TO:

AMCNO
6100 Oak Tree Blvd., Ste. 440
Independence, OH 44131
Phone: (216) 520-1000

* If you would like to pay by credit card, click here to complete and submit the Credit Card Authorization Form.