2012 Medical Directory of Greater Cincinnati

Advertising Space Agreement

Space reservation deadlines: **October 20** to reserve same position as last year/**November 2** – final deadline
Please reserve the following ad space in the *2012 Medical Directory:*

Ad size (width X height):	**Annual Rate**
❒ Back Cover (4-1/2 x 7-1/2) – four-color	$1,975
❒ Front Inside Cover (4-1/2 x 7-1/2) – four-color	$1,595
❒ Back Inside Cover (4-1/2 x 7-1/2) – four-color	$1,595
❒ Tab Page* (4-1/2 x 7-1/2) – four-color	$1,195
❒ Tab Page* (4-1/2 x 7-1/2) – B&W *(Please indicate your preferred Tab position_____)	$895
❒ Full Page Preferred Position** (4-1/2 x 7-1/2) – B&W **(Please indicate your preferred position_____)	$825
❒ Full Page (4-1/2 x 7-1/2) – B&W	$735
❒ Half Page (4-1/2 x 3-1/2) – B&W	$515

Note: Five percent discount given if payment is made when contract is submitted

Advertising Copy

New camera-ready copy must be received by **November 17, 2011**, or the last copy on file will be used. New advertisers who fail to send copy by the deadline will still be billed for space reserved. Acceptable formats: high resolution .pdf with fonts embedded or high resolution .jpg or .tif (300 dpi or higher).

❒ Copy Enclosed ❒ Camera-ready copy to be received by November 17, 2011
[e-mail to pfairbanks@academyofmedicine.org or mail to 2300 Wall Street, Suite F, Cincinnati, OH 45212]
❒ Use copy from 2011 edition ❒ Typesetting/design service requested

❒ Please put me on the waiting list for:_____

(Note: Waiting list advertisers will be notified after October 24, 2011, if their request can be honored.)

Company Name _____ Date _____

Contact _____ Title _____

Address _____

City_____ State _____ Zip_____

Phone_____ Fax _____ E-mail_____

Advertising Agency (if applicable)_____

Agency Contact_____ Title_____

Agency Address _____

Agency City_____State_____ Zip_____

Agency Phone _____ Fax _____ E-mail _____

❒ Check enclosed (save 5%) ❒ Bill me in February (after publication)

Credit Card Information ❒ MasterCard ❒ VISA ❒ American Express ❒ Discover
❒ Bill my card now (save 5%) ❒ Bill my card in February (after publication)

Credit Card Number_____ Expiration Date_____

Name on card _____ Billing address _____

Authorizing Signature_____ Title _____

Return by mail or fax to: Academy of Medicine • 2300 Wall Street • Suite F • Cincinnati, OH 45212-2794
Attn: Communications Dept. • Fax (513) 721-4378 • Phone (513) 421-7010, ext. 307 or 311