
MEDIA KIT

CINCINNATI MEDICINE DIGEST

Published by the

ACADEMY OF MEDICINE OF CINCINNATI

PROFILE

Cincinnati Medicine Digest is the monthly publication of the Academy of Medicine of Cincinnati. Published for physicians and other health care professionals, it has existed in various formats for more than 85 years.

When you choose *Cincinnati Medicine Digest*, you are assured that each edition reaches more than 2,000 area physicians and medical professionals within the five-county region surrounding Cincinnati.

The articles in *Cincinnati Medicine Digest* focus on Academy news along with local and national issues affecting the medical profession with particular interest given to physician issues.

With our competitive rate schedule, you can showcase your services to the medical community at a fraction of the cost you might pay in other publications.



For advertising information contact:

Pam Fairbanks

Communications Director

Academy of Medicine of Cincinnati

2300 Wall Street, Suite F, Cincinnati, OH 45212-2794

Phone: 513-421-7010, ext. 311 • Fax: 513-721-4378

E-mail: pfairbanks@academyofmedicine.org

CINCINNATI MEDICINE DIGEST

Display Advertising Rates

	1x	3x*	6x*	12x*
Full page	550	495	467.50	440
1/2 page	300	270	255	240
1/3 page	200	180	170	160
1/6 page	100	90	85	80

Rates above are at a per insertion price for camera-ready, black & white copy

*Ads must be published within 12 months of the first month of publication to receive discount.

No Bleeds

Special Position

As accepted by publisher, with a 20% additional charge.

Camera-ready Copy

Send electronic files (.pdf format preferred) to pfairbanks@academyofmedicine.org.

Typesetting and Ad Design

Advertising rates do not include typesetting or design costs. Typesetting and design services are available for an additional fee. For information call 513-421-7010, ext. 311.

Publishing Dates

Cincinnati Medicine Digest is published 12 times per year on the fifteenth day of each month. Six issues (Jan, Mar, May, Jul, Sept, and Nov) are delivered via US mail and six issues (Feb, Apr, Jun, Aug, Oct, Dec) are delivered electronically.

Space reservation deadline

First of the month prior to month of publication (e.g., May 1 for June issue)

Camera ready copy deadline

Fifteenth of the month prior to month of publication (e.g., May 15 for June issue)

Payment Terms

Net billing 30 days, no cash discounts. Non-established advertisers subject to advance payment unless credit terms are arranged prior to acceptance of advertising. VISA, MasterCard, American Express and company checks accepted.

Acceptability of Advertising

The publisher or its representative reserves the right to judge the acceptability of advertising copy or content. The advertiser and/or its representative are solely responsible for ad content.

Rebates and Short Rates

All ads are subject to short-rate billing if contract is not fulfilled.

Cancellations

All cancellations must be in writing and confirmed by the publisher in writing. No cancellations accepted after the closing date.

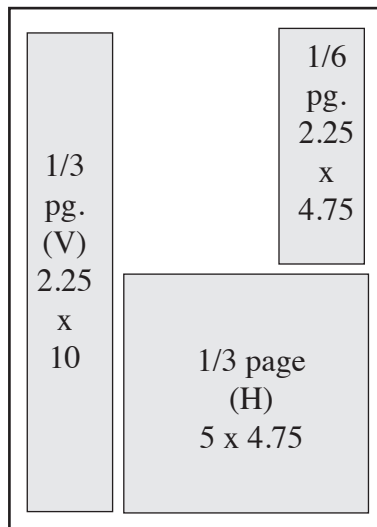
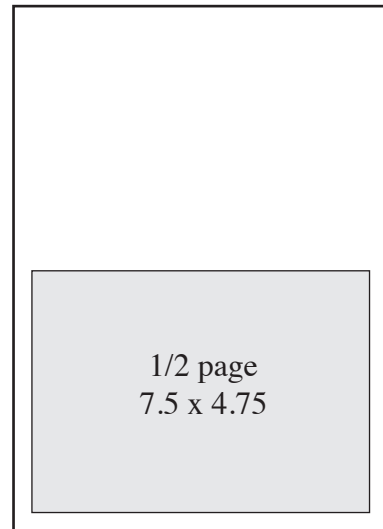
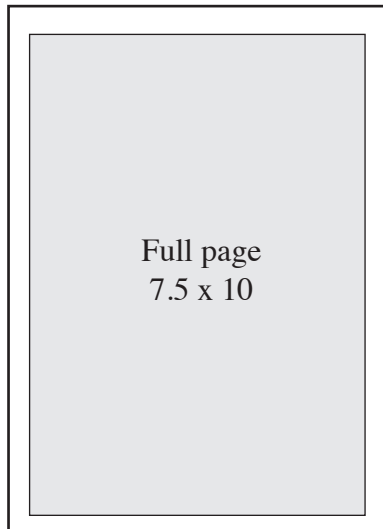
CINCINNATI MEDICINE DIGEST

Mechanical Requirements

Page size: 8.5 x 11 (in inches, width x height)

Full page	7.5 x 10
1/2 page	7.5 x 4.75
1/3 page (Horizontal)	5 x 4.75
1/3 page (Vertical)	2.25 x 10
1/6 page	2.25 x 4.75

PAGE DIAGRAMS



Drawings are approximate.

For advertising information, contact Pam Fairbanks, Communications Director, Academy of Medicine, 513-421-7010.

CINCINNATI MEDICINE DIGEST

Classified Advertising Rates

Your classified ad in *Cincinnati Medicine Digest* will reach nearly 2,000 physicians and other health care leaders ... at a very reasonable cost.

Cincinnati Medicine Digest offers a limited amount of space for Classified Advertisements. Ads are accepted on a space available basis. Acceptable ad categories include Medical Equipment For Sale; Office Space Available; Office Space Wanted; Physician Position Available; and Physician Position Wanted. Other categories may be considered, if space is available.

Ads must be submitted in writing by the first of the month preceding the month of publication (e.g., May 1 for the June issue).

Cincinnati Medicine Digest reserves the right to accept or reject advertising copy.

Preparing your ad

Ads must be typed. Along with the ad copy, please include your name, company, address, city, state, zip code, and telephone number. Also indicate in which month(s) the ad should run. Ads may be prepaid. Make checks payable to the Academy of Medicine of Cincinnati or charge to VISA or MasterCard.

Sending your ad

You may fax the ad to us at 513-721-4378; send via e-mail to pfairbanks@academyofmedicine.org, or mail to *Cincinnati Medicine Digest*, Pam Fairbanks, Editor, 2300 Wall Street, Suite F, Cincinnati, OH 45212-2794. If you have questions, call Pam Fairbanks at 513-421-7010, ext. 311.

The Academy of Medicine of Cincinnati publishes *Cincinnati Medicine Digest* monthly.

Rates	<u>25/less</u>	<u>26-40</u>	<u>41-60</u>	<u>61-80</u>	<u>81-100</u>
Member	\$25	\$35	\$43	\$50	\$55
Non-Member	\$35	\$47	\$57	\$65	\$71
"Blind Box" – add \$10 per month to base cost of ad					

For advertising information

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Communications Director
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CINCINNATI MEDICINE DIGEST

Advertising Space Agreement

Company Name _____

Contact _____ Title _____

Street Address _____ E-mail _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Advertising Agency (if applicable) _____

Agency Contact _____ Title _____

Agency Address _____ Agency E-mail _____

Agency City _____ Agency State _____ Agency Zip _____

Agency Phone (____) _____ Agency Fax (____) _____

Advertising to begin w/issue _____ End w/issue _____ Number of Insertions _____

Please send invoice to: Company Agency (check one)

Please send tear sheets to: Company Agency (check all that apply)

Check Issues for Insertion:

January February March April May June
 July August September October November December

Ad size:

Full Page Half 1/3 Horizontal 1/3 Vertical 1/6 H

Word Classified Ad

Specifications: Special Position

Rate per ad: \$ _____ Total contract: \$ _____

I hereby authorize the above advertising insertions at the contracted rate listed wherein. I realize that all advertisements must be canceled at least 30 days prior to publication date or I am responsible for all charges. All ads are subject to short-rate billing if contract is not fulfilled. The Publisher reserves the right to judge the acceptability of advertising copy or content. The advertiser and/or its representative are solely responsible for ad content. Classified ads are not eligible for frequency discounts.

Authorizing signature: _____ Title: _____ Date: _____

Accepted/Publisher: _____ Title: _____ Date: _____

Contact: Pam Fairbanks, Communications Director

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