

# Macomb Medicus Journal

of the Macomb County Medical Society

P.O. Box 551 • Lexington, MI 48450-0551 • Toll Free 877-264-6592 • Email macombcms@gmail.com

## ADVERTISING CONTRACT

Contact Person's Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Email \_\_\_\_\_

Authorization Signature \_\_\_\_\_ Date \_\_\_\_\_

**DISPLAY ADVERTISEMENT** — Please insert my/our advertisement in the Macomb Medicus, to occupy the following space/format: **(check the size and price for the number of issues)**

<u>Sizes Available</u>	<u>1 Issue</u>	<u>5 Issues</u>
___ Outside Back Cover (7.75" x 10.25")	___ \$381	___ \$300 ea. - Total \$1,500
___ Inside Cover (7.75" x 10.25")	___ \$301	___ \$237 ea. - Total \$1,185
___ Full Page (7.75" x 10.25")	___ \$247	___ \$194 ea. - Total \$970
___ 1/2 Page Horizontal (7.75" x 4.75")	___ \$159	___ \$122 ea. - Total \$610
___ 1/2 Page Vertical (3.50" x 10.25")	___ \$159	___ \$122 ea. - Total \$610
___ 1/3 Page Horizontal (7.75" x 3.25")	___ \$124	___ \$95 ea. - Total \$475
___ 1/4 Page (3.50" x 4.75")	___ \$83	___ \$64 ea. - Total \$320

**CLASSIFIED ADVERTISEMENT** — Fifty (50) words for \$35, additional words 35¢ each, minimum charge of \$35. The first three words will be set in bold type. I would like my/our classified **To Read:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The Macomb Medicus prints five issues a year:** Jan/Feb, Mar/Apr, May/Jun, Sep/Oct, & Nov/Dec

I would like my/our advertisement to **appear in the Medicus BEGINNING WITH ISSUE,** \_\_\_\_\_  
or the earliest possible issue following, for which I/we agree to pay half of the total cost in advance and the remainder within 10 days of date of bill. Bills rendered per insertion (bi-monthly).

**Terms** —The right is conceded to omit the advertising and charge at scheduled rates for the time it has run if payments are not made as above. If advertisement is discontinued before completion of contract, short rates for space must be paid. Thirty (30) days written notice of discontinuance must be given to the publishers. On all orders, the advertiser must supply copy. Copy once furnished is to be continued until new instructions are received. All advertisements accepted subject to editorial supervision and action of the Macomb County Medical Society Editor/Executive Director at any time during the life of this order.

**Make Check Payable to: "Macomb County Medical Society"**

Payment enclosed: \$ \_\_\_\_\_

Effective January 2006 - Rates Subject to Change