

Macomb Medicus Journal of the Macomb County Medical Society

P.O. Box 551 • Lexington, MI 48450-0551 • Ph. 810-712-2546 • HLeach@macombcms.org

ADVERTISING CONTRACT

Contact Person's Name _____

Company Name _____

Address _____

Phone () _____ 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>4 Issues</u>
___ Outside Back Cover (8-1/2" x 7-7/8")	___ \$450	___ \$375 ea. - Total \$1,500
___ Inside Cover (7-1/2" x 10")	___ \$450	___ \$375 ea. - Total \$1,500
___ Full Page (7-1/2" x 10")	___ \$300	___ \$250 ea. - Total \$1,000
___ 1/2 Page Horizontal (7-1/2" x 4-7/8")	___ \$186	___ \$155 ea. - Total \$620
___ 1/2 Page Vertical (3-1/2" x 10")	___ \$186	___ \$155 ea. - Total \$620
___ 1/4 Page (3-1/2" x 4-7/8")	___ \$100	___ \$80 ea. - Total \$320

The Macomb Medicus prints four issues a year: Winter: Jan/Feb/Mar; Spring: Apr/May/Jun; Summer: Jul/Aug/Sep; and Fall: 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.

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 2021 - Rates Subject to Change