

**WASHINGTON STATE MEDICAL ASSOCIATION**

**2012/2013 DISPLAY AD CONTRACT FOR WSMA REPORTS**

Date: \_\_\_\_\_

Advertiser: \_\_\_\_\_

Ad agency (if appropriate): \_\_\_\_\_

Size of ad:  
\_\_\_\_\_ Full page    \_\_\_\_\_ 1/2 page    \_\_\_\_\_ 1/3 page    \_\_\_\_\_ 1/6 page

Placement rate:  
\_\_\_\_\_ 1x            \_\_\_\_\_ 3x            \_\_\_\_\_ 6x            \_\_\_\_\_ 10x

Indicate the issues in which you'd prefer your ad placed (Ads must appear within a 12-month period to receive the placement rate. The publishing schedule is subject to change)

2012 publishing schedule:

_____ Jan	_____ Apr	_____ Sept
_____ Feb	_____ May/June	_____ Oct
_____ Mar	_____ July	_____ Nov/Dec
	_____ Aug	

2013 publishing schedule:

_____ Jan	_____ Apr	_____ Sept
_____ Feb	_____ May/June	_____ Oct
_____ Mar	_____ July	_____ Nov/Dec
	_____ Aug	

**Camera-ready art is required on the fifth day of the month preceding the month of publication.** For questions regarding artwork, please contact Cheryl Strother at [cls@wsma.org](mailto:cls@wsma.org), 206-441-9762.

First time advertisers will be asked to pay in full prior to publication. For returning advertisers, an invoice will be sent to you after publication along with a tear-sheet of the ad. Payment is due 15 days from date of invoices. Full copies of *WSMA Reports* are available only with a subscription.

Billing address: \_\_\_\_\_

Signature: \_\_\_\_\_

Contact name: \_\_\_\_\_

Contact phone: \_\_\_\_\_

Contact email: \_\_\_\_\_

**Please fax to (206) 441-5863, Attn: Graham Short, or email in .pdf format to [gfs@wsma.org](mailto:gfs@wsma.org)**