

WASHINGTON STATE MEDICAL ASSOCIATION

2010/2011 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)

2010 publishing schedule:

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

2011 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, 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