

# The Bulletin

Of The Santa Clara County Medical Association and Monterey County Medical Society

## General Information

The Bulletin is published for Santa Clara County and Monterey County Medical Association members.

Circulation: 3,500

Published 6 times per year.

Managing Editor:

Pam Jensen

700 Empey Way

San Jose, CA 95128

408/998-8850, ext 3012

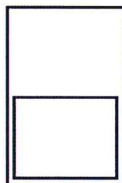
Fax: 408/289-1064

Email: [pjensen@sccma.org](mailto:pjensen@sccma.org)

## Ad Sizes Available



Full page



Half page



1/3 Vertical



1/3 Square

## 2019 Advertising Rates

Color	One time	3 times	6 times
Full Page	\$700	\$600	\$500
Half Page	475	425	350
One Third	375	350	300
Inside Front Cove	800	750	650
Inside Back Cover	800	750	650
Back Cover	—	—	1,000

## Closing Dates

Issue	Deadline
January/February	December 28
March/April	February 28
May/June	April 30
July/August	June 28
September/October	August 30
November/December	October 31

## Cancellations

Cancellation date same deadline date. Cancellations not accepted after applicable closing date and advertiser will be committed to paying for space reserved. If contract is cancelled or not fulfilled, short rate will apply.

## Placement Policy

Rotation, except paid positions. Courtesy paid to special requests whenever possible.

## Ad Clearance

The Bulletin and the SCCMA reserve the right to reject any advertisement.

## Payment

Due and payable in advance of closure date.

## Mechanical Specifications

Space	Dimensions
Full Page	8" X 10 1/2"
Half Page	8" X 5 1/8"
One Third (vertical)	2 7/16" X 10 3/16"
One Third (square)	5 1/8" X 5 1/8"
Bleed Ads (inside covers only)	8" X 10 1/2" (Copy Clear) / 8 3/4" X 11 1/4" (Bleed Size)
Back Cover	8" X 7 1/8"

## Requirements:

Negatives right reading emulsion down. Include a positive proof for placement.

Halftones 133-line screen.

Printed sheet-fed offset on coated stock and saddle-stitched.

PDF files - email to: [pjensen@sccma.org](mailto:pjensen@sccma.org)

# THE BULLETIN

of the Santa Clara County Medical Association and Monterey County Medical Society

## 2019 Insertion Order

Santa Clara County  
Medical Association/MCMS  
Attn: Pam Jensen  
700 Empey Way  
San Jose, CA 95128  
408/998-8850, ext 3012  
FAX: 408/289-1064  
email: pjensen@sccma.org

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

Attention: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

VISA/MASTERCARD/AMEX # \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

NAME ON CARD (please print) \_\_\_\_\_

ISSUES OF INSERTION	SIZE OF AD	2019 Advertising Rates Per Issue		
		One time	3 times	6 times
<input type="checkbox"/> January / February	<input type="checkbox"/> Full Page	\$700	\$600	\$500
<input type="checkbox"/> March / April	<input type="checkbox"/> Half Page	475	425	350
<input type="checkbox"/> May / June	<input type="checkbox"/> One-Third	375	350	300
<input type="checkbox"/> July / August	<input type="checkbox"/> Inside Front Cover	800	750	650
<input type="checkbox"/> September/ October	<input type="checkbox"/> Inside Back Cover	800	750	650
<input type="checkbox"/> November / December	<input type="checkbox"/> Back Cover	—	—	1,000

My signature authorizes this contract, thereby agreeing to the terms and conditions.

Print signature name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

SPECIAL INSTRUCTIONS: