

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: 3,700

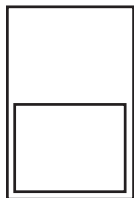
Published 6 times per year.

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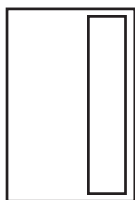
Ad Sizes Available



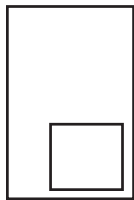
Full page



Half page



1/3 Vertical



1/3 Square

2010 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 Cover	800	750	650
Inside Back Cover	800	750	650
Back Cover			1,000

Closing Dates

Issue	Deadline
January/February	December 7
March/April	February 2
May/June	April 5
July/August	June 7
September/October	August 3
November/December	October 4

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

THE BULLETIN

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

2010 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	2010 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: