

LANE COUNTY MEDICAL SOCIETY

990 West 7th Ave. Eugene, OR 97402 (541) 686-0995 Fax: (541) 687-1554

For office use only:

Billed _____

Payment Rec'd _____

2009 Membership Directory Advertising Order Form

Please reserve display advertising space in the 2009 Membership Directory published by the Lane County Medical Society for:

Company _____
 Contact _____
 Billing _____
 Address _____
 Phone # _____ Fax # _____
 Email _____

Rates

| AD SIZE | Black & White | Two Color | Four Color |
|---|---------------|-----------|------------|
| Back Cover | | | \$1900 |
| Inside Front Cover Inside Back Cover Tab Position | | | \$1700 |
| FULL PAGE | \$620 | \$850 | \$1210 |
| HALF PAGE | \$385 | \$595 | \$995 |

Please choose one of the following ad specifications:

_____ Full Page/Cover/Tab Position • (5"W x 8"H)
 (Includes complimentary directory)

_____ 1/2 Page • (5"W x 3.5"H)

Cost:

Ad Rate (including color) \$ _____

Premium Position surcharge \$ _____

*Design services charge \$ _____

A Copy of 2009 Directory (\$39.50) \$ _____

Total Amount \$ _____

Premium Position Surcharge 30%*

Opposite Table of Contents _____ Opposite Index of Advertisers _____
 Opposite Officers Page _____ Opposite Committee Chairs Page _____
 Legislative Information Page _____ Speciality Section Placement _____
 (*additional 30% charged to cost of ad including color)

Please specify one of the following:

- _____ Preferred option: Press-Optimized PDF or PDF/x1a. Make sure to embed all fonts and turn off subsetting. No less than 300dpi. If you have questions about how to properly set up a PDF for printing, please contact our printer directly: TechnaPrint, Inc., ATTN: Dan Doerner, (541) 344-4062. Please compress your file, then email it directly to janawaterman@comcast.net.
- _____ Use previous ad. NO CHANGES.
- _____ Use previous ad except there are MINOR CHANGES, attach changes. Please add \$50 for processing those changes. (Note: Some files may not be able to be edited depending upon what format they were originally submitted in. If this is the case, we will call to explore further options.)

Pay by VISA/MC:

_____ Card Number

Exp. Date _____

_____ Signature

CONTRACT DEADLINE: September 15, 2008

AD DEADLINE: October 17, 2008

*You will be invoiced, unless you pay by credit card.

*Changes to advertisements will result in additional charges

Customer Approval

Signature _____

Print Name _____

Date _____

Advertisers and agencies assume all liability for content of paid advertisements. Publishers and agents bear no financial responsibility for errors. Advertisers assume responsibility for charges incurred in the preparation of ads for publication. Advertisements withdrawn after the contract is finalized will be billed as contracted. Payment of advertisement due by October 31, 2008.