



Advertising Contract

Bill to: ___ Advertiser ___ Ad Agency

Advertiser _____ Contact _____
 Address _____ Phone _____
 City, State, Zip _____ Fax _____
 E-Mail _____

Ad Agency _____ Contact _____
 Address _____ Phone _____
 City, State, Zip _____ Fax _____
 E-Mail _____

Ad Size	Issue Dates		Special
___ Full	2010	2011	___ Cover (See rate card):
___ 1/2 H	___ Jan-Feb	___ Jan-Feb	___ Back ___ Inside Front
___ 1/2 V	___ Mar-Apr	___ Mar-Apr	___ Inside Back
___ 1/4 H	___ May-Jun	___ May-Jun	___ Full Color (See rate card)
___ 1/4 V	___ Jul-Aug	___ Jul-Aug	___ Second Color (Red) - B/W pages only (Add 10%)
___ 1/6	___ Sep-Oct	___ Sep-Oct	___ Preferred Placement (Add 15%):
___ 1/8	___ Nov-Dec	___ Nov-Dec	_____

Classified Ad: ___ SLMMS Member \$40 ___ Nonmember \$50 ___ Over 30 words

Number of Issues (Insertions) _____ Cost Per Ad \$ _____ Total Contract \$ _____

Special Instructions: _____

This authorizes the placement of an advertisement in *St. Louis Metropolitan Medicine* magazine according to the specifications listed above and according to the conditions shown on the Rate Card. *SLMM* rates are non-commissionable. Payment will be made on receipt of monthly statement. Copy furnished is to be continued, per above schedule, unless written instructions to the contrary are received. All advertising is subject to publisher's approval and agreement by the advertiser to indemnify and protect the publisher from loss or expense on claims or suits based upon the subject matter of such advertisements. No agreements recognized except as specified herein.

Advertiser Signature: _____ Date: _____

Name: _____ Title: _____

Accepted by: _____ Date: _____

St. Louis Metropolitan Medical Society