



## LOUISVILLE MEDICINE 2018 CONTRACT Monthly Magazine

### COMMISSION & TERMS OF PAYMENT

Charges for advertising space are payable with the order for the space, unless the Advertiser or Agency has established credit. If credit is given on a monthly payment basis, charges are payable by the 15th of the month following publication. Rates for advertising in **Louisville Medicine** magazine are net. Cash discounts are not available. Visa or Master Card credit cards may be accepted. Credit requests must be made within 30 days of billing date.

### GENERAL RATE POLICY

**Right to Edit or Reject.** The **Louisville Medicine** may, in its sole discretion, edit, reject or cancel at any time, any advertising copy submitted by an Advertiser.

**Rates.** The **Louisville Medicine** may revise its advertising rate schedule at any time upon 30 days written notice to Advertiser, and Advertiser may, without penalty, cancel its advertising contract at any time prior to the new rates become effective upon written notice to **Louisville Medicine**.

**Indemnification.** Advertiser agrees to indemnify, defend and hold harmless the **Louisville Medicine** from all claims (whether valid or invalid), suits, judgments, proceedings, losses, damages, costs and expenses, of any nature whatsoever (including reasonable attorney's fees for which the **Louisville Medicine** or any of its affiliates may become liable by reason of the **Louisville Medicine's** publication of Advertiser's advertising).

**Ownership of Advertising Copy.** All advertising copy which represents the creative effort of the **Louisville Medicine** and/or the utilization of creativity, illustrations, labor, composition or material furnished by it, is and remains the property of the **Louisville Medicine**, including all rights of copyright therein. Advertiser understands and agrees that it cannot authorize photographic or other reproduction, in whole or in part, of any such advertising copy for use in any other medium without the **Louisville Medicine's** prior written consent.

**Joint and Several Liability.** If advertiser utilizes an "agency", advertiser and agency shall be jointly and severally liable for complying with all the terms of the advertiser's contract, including payment for all advertising.

**Agency Commissions.** Agency commissions, if any shall apply to all space charges and adjustments under the Advertiser's contract. **All fees are net including fees for color.**

**No Sequential Liability.** The Advertiser's contract renders void any statements concerning liability which appear on correspondence from Advertiser or its Agency, and is irrevocable without the written consent of the **Louisville Medicine** accounting department. It is further agreed that the **Louisville Medicine** does not accept advertising orders or space reservations claiming sequential liability.

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Signature

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Date



**Greater Louisville  
MEDICAL SOCIETY**  
SIZE

**LOUISVILLE MEDICINE  
2018 CONTRACT  
Monthly Magazine**

	MONTHLY	6 X	1 x
Full Page	___ \$650	___ \$700	___ \$750
1/2 Page	___ 550	___ 600	___ 660
1/4 Page	___ 350	___ 400	___ 450
Business Card	___ 125	___ 150	___ 185
Classified -30 words or less; additional words .75 each	___ 65	___ 65	___ 65
Inside Front Cover	12 x ___ 1150 inc 4C		
Page Facing Inside Front Cover	12 x ___ 1050 inc 4C		
Page Facing Contents	12 x ___ 950 inc 4C		
Page Facing Inside Back Cover	12 x ___ 950 inc 4C		
Inside Back Cover	12 x ___ 1000 inc 4C		
Outside Back Cover	12 x ___ 1700 inc 4C		
Color-2nd color	___ 250	Per insertion	
Color-4 color process	___ 250	Per insertion	

FREQUENCY OF ADVERTISING Complete Insertion Dates	Special Instructions
January _____ May _____ September _____ February _____ June _____ October _____ March _____ July _____ November _____ April _____ August _____ December _____	

Circulation: 4000

Company \_\_\_\_\_

Agency (If applicable) \_\_\_\_\_

Contact \_\_\_\_\_

Contact \_\_\_\_\_

Mailing Address \_\_\_\_\_

Billing Address (If different from mailing address) \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Website Address \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**CREDIT CARD** (check one)  
 VISA  MASTERCARD   
 Discover  American Express   
 Card #: \_\_\_\_\_

**Return to:**  
 Amanda Edmondson, Dir. of Communications & Marketing  
 Greater Louisville Medical Society  
 328 E. Main St. Louisville, KY 40202  
 (502) 736.6336 Fax (502) 581-9022  
 Amanda.Edmondson@glms.org

Expiration: \_\_\_\_\_

Name on card \_\_\_\_\_

Billing address \_\_\_\_\_

City St Zip \_\_\_\_\_

This information is used to secure your advertising contract. Your card will be charged only if there is a balance past the deadline. Indicate below if you prefer that we charge your credit card for payment.  
 Charge my credit card \_\_\_\_\_

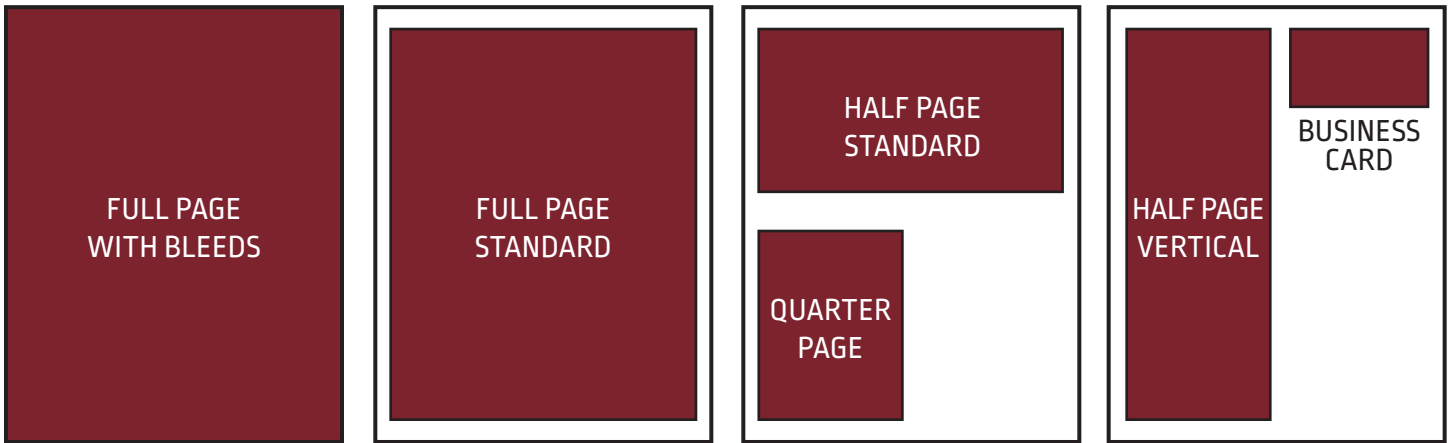
Signature for Contract Confirmation \_\_\_\_\_

Signature to charge credit card \_\_\_\_\_

The signature directly above authorizes GLMS to charge and process credit card.

# LOUISVILLE *Medicine*

## Advertising SPEC SHEET



### AD SIZES

	WIDTH	HEIGHT
<b>FULL PAGE</b>		
Standard	7½"	9½"
With Bleeds	8¾"	11¼"
<b>HALF PAGE</b>		
Standard	7½"	40"
Vertical	30"	9½"

	WIDTH	HEIGHT
<b>QUARTER PAGE</b>		
Standard	30"	40"
<b>BUSINESS CARD</b>		
Standard	3½"	2"

### DETAILS

- Files formats accepted: PDF, JPG, EPS & TIFF
- All images must be 300 DPI or higher resolution and in CMYK mode
- Publication Date: 1st of month
- Materials due: 5 weeks prior (24th )
- Space reservation: 45 days preceding publication date (15th of month)
- Materials - email to [cheri.mcguire@glms.org](mailto:cheri.mcguire@glms.org)

#### CONTACT

**Amanda Edmondson**  
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 Email: [amanda.edmondson@glms.org](mailto:amanda.edmondson@glms.org)

[www.glms.org](http://www.glms.org)

