



Advertising Contract 2019

Bill to: xxx 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	2019	2020	___ Cover (See rate card):
___ 1/2 H	___ Feb-Mar	___ Feb-Mar	___ Back ___ Inside Front
___ 1/2 V	___ Apr-May	___ Apr-May	___ Inside Back
___ 1/4 H	___ Jun-Jul-	___ Jun-Jul	___ Full Color (See rate card)
___ 1/4 V	___ Aug- Sep-	___ Aug-Sep	___ Preferred Placement (Add 15%):
___ 1/6	___ Oct- Nov	___ Oct-Nov	_____
___ 1/8	___ Dec-Jan	___ Dec-Jan	_____
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