



Advertising Contract 2022

Bill to: ___ Advertiser ___ Ad Agency

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

| Ad Size | Issue Dates | Special |
|-----------|--------------|--------------------------------------|
| ___ Full | 2022 | ___ Cover (See rate card): |
| ___ 1/2 H | ___ Feb-Mar | ___ Back ___ Inside Front |
| ___ 1/2 V | ___ Apr-May | ___ Inside Back |
| ___ 1/4 H | ___ Jun-Jul | |
| ___ 1/4 V | ___ Aug- Sep | ___ Preferred Placement (Add 15%): |
| ___ 1/6 | ___ Oct- Nov | _____ |
| ___ 1/8 | ___ Dec-Jan | _____ |
| | | _____ |

Member Update E-Newsletter

2022: ___ Jan ___ Feb ___ Mar ___ Apr ___ May ___ Jun ___ Jul ___ Aug ___ Sep ___ Oct ___ Nov ___ Dec

2023: ___ Jan ___ Feb ___ Mar ___ Apr ___ May ___ Jun ___ Jul ___ Aug ___ Sep ___ Oct ___ Nov ___ Dec

Website

2022: ___ Jan ___ Feb ___ Mar ___ Apr ___ May ___ Jun ___ Jul ___ Aug ___ Sep ___ Oct ___ Nov ___ Dec

2023: ___ Jan ___ Feb ___ Mar ___ Apr ___ May ___ Jun ___ Jul ___ Aug ___ Sep ___ Oct ___ Nov ___ Dec

Summary

| | | | | | |
|---------------------------------------|--|--------------------|----|-----------------------|-----------|
| Print - Number of Issues (Insertions) | | Cost Per Insertion | \$ | Total Print | \$ |
| Online - Number of Insertions | | Cost Per Insertion | \$ | Total Online | |
| | | | | Total Contract | \$ |

This authorizes the placement of an advertisement in **St. Louis Metropolitan Medicine** magazine and/or St. Louis Metropolitan Medical Society online communications 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