

2018 CLASSIFIED ADVERTISING RATES & INSERTION ORDER

TO: _____

COMPANY: _____

FAX: _____

FROM: Mike Perlowitz
Pharmaceutical Media
30 East 33rd Street, New York, NY 10016
TEL: (212) 904-0374 | FAX: (212) 779-3279
Email: mperlowitz@pminy.com

RATES (PER MONTH):

Size	Dimensions (width & length)	Price		
Standard Size:		1x	3x	6x
<input type="checkbox"/> Full Page	7" x 10"	\$1,275	\$1,225	\$1,200
<input type="checkbox"/> 1/2 Page Vert	3.5" x 10"	\$ 995	\$ 970	\$ 945
<input type="checkbox"/> 1/2 Page Horiz	7" x 5"	\$ 995	\$ 970	\$ 945
<input type="checkbox"/> 1/4 Page	3.5" x 5"	\$ 790	\$ 765	\$ 740

CLOSING DATES AND AD SPACE RESERVATION:

For ad space reservations deadlines for all issues, please
contact Mike Perlowitz at the number above.

2018 ISSUES:

- | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> Jan | <input type="checkbox"/> Apr | <input type="checkbox"/> Jul | <input type="checkbox"/> Oct |
| <input type="checkbox"/> Feb | <input type="checkbox"/> May | <input type="checkbox"/> Aug | <input type="checkbox"/> Nov |
| <input type="checkbox"/> Mar | <input type="checkbox"/> Jun | <input type="checkbox"/> Sep | <input type="checkbox"/> Dec |

☐ NEW AD ☐ EXISTING AD

Please review the attached ad, cost, and run schedule and
advise of any changes/corrections that you may have. If you
approve the ad as set, the cost (per month), and the indicated
run dates, please sign below and fax back to: 212-779-3279.

Signature

Date

ADVERTISING INCENTIVES:

- ☐ Both Pubs Combo: 20% Discount = _____
- ☐ Buy Three & Get One Free
Free Month = _____

RATES & COST:

Base Rate = _____

Color Charge = _____

☐ 4-color (\$1,600)

Agency Discount: ☐ 15% = _____

TOTAL COST PER MONTH = _____

PLEASE FILL OUT BILLING INFORMATION BELOW:

Advertising Contact

Agency Name (if applicable)

Company / Name

Street/ Suite #

City State Zip Country

Phone Fax Email