

Circulation: 3,166

2019 CLASSIFIED ADVERTISING RATES & INSERTION ORDER

TO: _____

FROM: Monica Griffiths
Pharmaceutical Media
30 East 33rd Street, New York, NY 10016
Tel: (212) 904-0362 | Email: mgriffiths@pminy.com

COMPANY: _____

PAGE SIZES:

	Width	Height
<input type="checkbox"/> Full Page	7"	10"
<input type="checkbox"/> 1/2 Page Horizontal	7"	4.75"
<input type="checkbox"/> 1/2 Page Vertical	3.25"	10"
<input type="checkbox"/> 1/4 Page	3.25"	4.75"

CLOSING DATE:
1st of the preceeding month

2019 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 |

RATES & FREQUENCY DISCOUNTS (PER MONTH):

Desired Frequency	1x	6x	12x
Full Page	\$1,600	\$1,560	\$1,520
1/2 Page	\$1,150	\$1,095	\$1,070
1/4 Page	\$665	\$570	\$545

COST:

____ X Rate = \$ _____

Color Charge = \$ _____
 4- color (\$1,600)

Agency Discount = \$ _____

Total NET Cost PER MONTH = \$ _____

PLEASE FILL OUT BILLING INFORMATION BELOW:

Please contact me about advertising in future issues

Billing Contact (if different from above) PO# (if applicable)

Company / Name

Street Suite#

City State Zip Country

Phone Fax Email

Please submit your ad via email in a Word-friendly format. If you approve the cost of this ad and the indicated run dates, please sign below and email to Monica Griffiths: mgriffiths@pminy.com

Signature

Date