

2020 CLASSIFIED ADVERTISING RATES & INSERTION ORDER

COMPANY: _____

CONTACT: _____

FROM: Chris Allas | Pharmaceutical Media
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Email: callas@pminy.com

Circulation: 5,876

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"
<input type="checkbox"/> 1/8 Page	3.25"	2"

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 |

◀ Closing date: ▶
7th of preceding month

PLEASE FILL OUT BILLING INFORMATION BELOW:

Billing Contact (if different from above)

PO# (if applicable)

Company / Name

Street

Suite#

City

State

Zip

Country

Phone

Fax

Email

RATES & FREQUENCY DISCOUNTS (PER MONTH):

Desired Frequency	1x	3x	6x
Full Page	\$2,675	\$2,625	\$2,590
1/2 Page	\$1,875	\$1,820	\$1,785
1/4 Page	\$1,150	\$1,130	\$1,080
1/8 Page	\$620	\$565	\$540

ALL RATES ARE GROSS

COST:

___ X Rate = \$ _____
 Color Charge = \$ _____
 4 Color (\$1,000)
 Agency Discount = \$ _____
 Total Cost = \$ _____

INCENTIVE:

Buy Three & Get One Free
Free Month _____

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 Patti McCormack at pmccormack@pminy.com

Signature

Date