

Circulation: 3,166

2020 CLASSIFIED ADVERTISING RATES & INSERTION ORDER

TO: _____

FROM: Patti McCormack
Pharmaceutical Media
30 East 33rd Street, New York, NY 10016
Tel: (212) 904-0376 Email: pmccormack@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

2020 SSUES:

- | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|
| <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 Patti McCormack: pmccormack@pminy.com

Signature

Date