

2020 CLASSIFIED ADVERTISING RATES & INSERTION ORDER

TO: _____
COMPANY: _____
FAX: _____

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

RATES (PER MONTH):

Size	Dimensions width & height	Price			
		1x	3x	6x	12x
<input type="checkbox"/> King Page	9 7/8" x 13 7/8"	\$2,270	\$2,220	\$2,170	\$2,140
<input type="checkbox"/> 1/2 Page (V)	4 7/8" x 13 5/8"	\$1,735	\$1,710	\$1,685	\$1,660
<input type="checkbox"/> 1/2 Page (H)	9 7/8" x 7"	\$1,735	\$1,710	\$1,685	\$1,660
<input type="checkbox"/> 1/4 Page	4 7/8" x 7"	\$1,150	\$1,125	\$1,100	\$1,070

CLOSING DATES AND AD SPACE RESERVATION:

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

2020 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 and send back.

Signature

Date

PLEASE FILL OUT BILLING INFORMATION BELOW:

Advertising Contact Agency Name (if applicable)

Company / Name

Street Suite #

City State Zip Country

Phone Fax Email

ADVERTISING INCENTIVES:

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

RATES & COST:

Base Rate = _____

Color Charge = _____
 4-color (\$1,625)

Agency Discount: 15% = _____

TOTAL COST PER MONTH = _____