

For information contact Pharmaceutical Media Inc.
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Advertising Rates 2021

Frequency	Full Page	Island 1/2	1/2 Page	1/4 Page
1x	\$9,120	\$6,020	\$4,915	\$2,450
6x	\$8,965	\$5,710	\$4,610	\$2,170
12x	\$8,415	\$5,150	\$4,430	\$2,030
24x	\$8,015	\$5,035	\$4,285	\$2,005
36x	\$7,880	\$4,770	\$4,260	\$1,965
48x	\$7,650	\$4,465	\$4,240	\$1,925
60x	\$7,640	\$4,360	\$4,130	\$1,900

Ad Category:

- Recruitment
- Product/Service
- CME/Conference

Color Costs:

4/C, **add** \$2,145 | Matched, **add** \$1,185

If ad is running in multiple issues, materials will be repeated unless otherwise indicated

Issue Month	Closing Date
<input type="checkbox"/> January	December 1st
<input type="checkbox"/> February	January 4th
<input type="checkbox"/> March	February 1st
<input type="checkbox"/> April	February 24st
<input type="checkbox"/> May	April 1st
<input type="checkbox"/> June	April 22nd
<input type="checkbox"/> July	May 20th
<input type="checkbox"/> August	June 23rd
<input type="checkbox"/> September	July 22nd
<input type="checkbox"/> October	September 1st
<input type="checkbox"/> November	September 23rd
<input type="checkbox"/> December	October 27th

Cost:

Gross Cost \$ _____
 Add Color \$ _____
 15% Agency Discount (if app) \$ _____
 Typeset Fee (If applicable) \$ _____
 Net each: \$ _____

Contract Terms:

- Verbal agreements will not be recognized
- All advertisements are subject to the publisher's approval
- Net Terms 45 Days

Signature _____ Date _____

Please Provide Payment Information Below:

Purchase Order # _____ Card (type) _____ Card# _____ Exp. _____
 Name on Card _____
 Signature: _____ Date _____

Please Complete the Following:

Confirm Order with Signature & Date. Email to: stagliaferro@pminy.com

Billing Contact _____ PO# _____ Company/Name _____
 Suite#/Street _____ City _____ State _____ Zip _____ Country _____
 Phone _____ Fax _____ Email _____