
Placer-Nevada County Medical Society 2009 & 2010 PHYSICIAN MEMBERSHIP & RESOURCE DIRECTORY

The 2009 & 2010 Placer-Nevada County Medical Society PICTORIAL PHYSICIAN MEMBERSHIP & RESOURCE DIRECTORY is the most complete guide to northern California's medical resources ever published; featuring physician listings containing valuable information that is used by the entire medical community. Your advertising message is part of a reference book that is used every day by over 800 professionals. This year's edition will feature the most comprehensive medical directory published in the region. Space in this year's directory is limited, so call today to reserve your advertising space.

Distribution

- Copies delivered to each member of the Placer-Nevada County Medical Society.
 - Health Related organizations, i.e.,
 - Health care providers and their staff
 - Hospital Administrators and hospital staff
 - Pharmacists and staff
 - Members of the business community
 - Component, State and National Medical Associations
 - Companies providing services to the medical community
 - Local government agencies / officials
 - Local Media
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Copy Regulations

All artwork must be in good reproducible condition. Any artwork not considered to be camera-ready will be reviewed with the advertiser. (PDF format preferred) *there will be an additional charge for graphic design.

Advertising Rates

	<i>(Includes copy of Directory (\$50.00 value)</i>	
Back Outside Cover	\$2,500.00 – color	4 5/8 x 7 3/4”H
Inside Front or Back Cover	\$1,500.00 – color	4 5/8 x 7 3/4”H
Index Tabs (Front or Back)	\$1,000.00 - black \$1,400 – color	4 5/8 x 7 3/4” H
Run of Book:	<u>Dimension</u>	
Full Page	\$600.00 black \$840 - color	4 5/8 x 7 3/4” : H
Half Page	\$450.00 black	4 5/8 x 3 3/4” :H
Quarter Page	\$350.00 black	2 3/16 x 3 3/4”H
Business Card Ad	\$175.00 black	2 3/16 x 1.75” H

Guaranteed positions, add 10%

Color Advertising if space available. Reflects 40% additional charge

Payment & Deadline

All advertising will require 50% deposit with ad reservation and balance when approved artwork is submitted.

Ad reservation closing date:.....July 1, 2009

Ad copy deadline:.....July 10, 2009

Publication date:.....August 2009

For Further Information

Placer-Nevada County Medical Society
P.O. Box 2478
Marysville, CA 95901
(530) 822-7770; FAX (530) 751-7770
[E-mail: pncms_exec@syix.com](mailto:pncms_exec@syix.com)

2009-2010 Physician Membership & Resource Directory

ADVERTISING CONTRACT

Firm Name _____

Company Authorized Representative _____

Address _____

Telephone _____ FAX Number _____

Send ad proof to the attention of Alice at PNCMS.

Advertisement Size: Full Page: Half Page: Quarter Page Tab Advertiser Business Card Ad:
"Run of Book"

Placement Special _____

Cost of Advertisement \$ _____ Additional Costs \$ _____

Special Instructions or Comments (Note specifications of special placement request):

Check Number _____ Amount Paid \$ _____

Please make all checks payable to: **Placer-Nevada County Medical Society**

In signing this agreement the advertiser agrees to the following:

1. All advertisers must have a contract on file with the Placer-Nevada County Medical Society.
2. All advertisements are subject to review by the Placer-Nevada County Medical Society Editorial Chair or designee. The Publishers retain the right not to accept any advertisement that is unacceptable at their sole discretion.
3. Advertiser must provide publishers with a 30-day written notice prior to the final ad copy deadline to cancel their ad. Advertiser will be charged a 20% cancellation fee. Less than 30-day cancellation, there will be no refund.
4. All special placement ads are accepted based on availability, and cleared through the PNCMS.
5. Advertiser agrees to hold harmless the Placer-Nevada County Medical Society, their officers, employees and members, from any action or suit arising out of advertisements placed by Advertiser. This will include but not be limited to the following: Copyright infringement, plagiarism, libel, or any unauthorized use of a person's name, photographs or any claims represented in the ad that are untrue, or unauthorized.
6. It is noted that acceptance of the advertisement **does not** imply any endorsement, of any kind by the Placer-Nevada County Medical Society.
7. In the event that the entire balance of the monies due to the Publisher is not paid in full 7 business days prior to publication, the ad may not appear in the directory, unless other arrangements are made in advance.
8. A service charge of 1 1/2 % per month, which is an annual percentage rate of 18% will be charged on all overdue accounts. In the event that it is necessary to secure the services of an attorney or other legal counsel to facilitate collection, Advertiser agrees to pay reasonable attorney fees, place of venue to be Placer County, CA.
9. Closing date for all advertisement will be **July 1, 2009** and the advertising copy deadline will be **July 10, 2009**.

Name: _____ Title: _____

Phone: _____

Signature: _____

PLACER-NEVADA COUNTY MEDICAL SOCIETY
P.O. BOX 2478, MARYSVILLE, CA 95901
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pncms_exec@syix.com