



DMJ

Dallas Medical Journal

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Dallas, Texas 75208-0680
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2012 DISPLAY ADVERTISING CONTRACT

Advertiser: _____

Date: _____

Contact: _____

Phone: _____

Mailing Address: _____

Fax: _____

City/State/Zip: _____

Email: _____

Billing Address: _____

Web site: _____

City/State/Zip: _____

I agree to insert a _____ page ad in the Dallas Medical Journal for \$_____ per insertion, which includes a _____ X frequency discount.

Publication Dates: _____

4-Color Circle: Vertical or Horizontal

___Jan ___Apr ___July ___Oct
___Feb ___May ___Aug ___Nov
___Mar ___June ___Sept ___Dec

Position Upgrade: _____

Comments: _____

COST:

Ad Price \$: _____

Agency Discount \$: _____

Total Cost \$: _____

Payment & Billing: First month must be paid in advance; multi-insertion accounts will be billed monthly thereafter. Account balances not paid in full will subject advertiser to suspension of placement, regardless of contracted insertion dates, until such balance is paid in full. Agency placements are subject to suspension as any other advertiser. If a multi-run agreement is cancelled before the contract is completed, advertiser will be billed for one additional run at the contracted rate plus the difference of the frequency discount.

Termination: Orders may be canceled if written notice is received by DCMS within 72 hours of date below. All advertising is subject to acceptance by the publishers of the Dallas Medical Journal who reserve the right to reject any advertisement and to cancel this agreement. Advertisements do not imply sponsorship or endorsement by DCMS.

Board Certification Policy: DCMS publishes board certifications approved by the American Board of Medical Specialties, American Osteopathic Association, and Royal College of Surgeons. Physician members wishing to designate an area of special interest in which their boards are not ABMS-, AOA-, or RCS-approved may use the following wording: "Specializing in"

Agreement: I understand that by signing this Display Advertising Contract, I agree to place the advertisement referred to in this contract in the Dallas Medical Journal. I understand that the publisher will reserve this advertising space in a future issue based on my execution of this order form, and I understand that I am personally guaranteeing payment of the advertising cost referred to above. I certify that I am authorized to place this order, and I guarantee payment. I have read and agree to the payment & billing, termination, and board certification policies; advertising terms, and conditions herein.

Advertiser (or agent): _____

Date: _____

DCMS Executive Officer: _____

Date: _____