



Dallas Medical Journal

2019 RATE SHEET

80%

of
Dallas County physicians
receive the
Dallas Medical Journal

The Dallas Medical Journal is an editorial-based monthly magazine that is mailed to all active member physicians. Because the DMJ reaches more than 80% of Dallas County physicians, it is the most efficient and effective way to reach them.

With a visually appealing format and robust with information, the DMJ is a valuable resource for physicians. Content includes topics relevant to the medical practice and the business side of medicine, as well as legislative updates and member profiles.

Monthly Advertising Rates

Ad Size	Number of Insertions			
	1x	3x	6x	12x
1/4	\$750	\$650	\$600	\$550
1/3	\$975	\$875	\$775	\$675
1/2	\$1050	\$950	\$850	\$750
2/3	\$1150	\$1100	\$1050	\$1000
Full	\$1350	\$1250	\$1150	\$1050

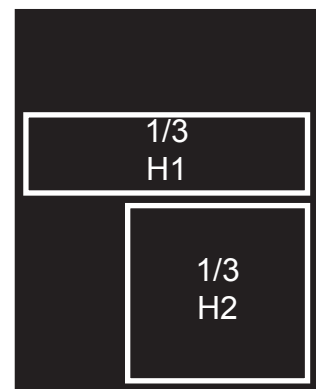
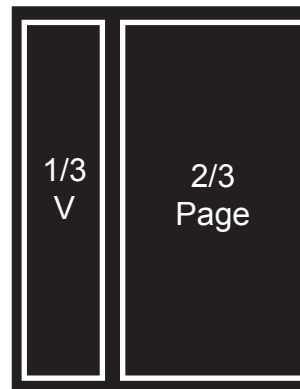
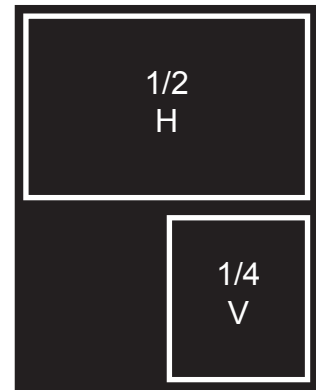
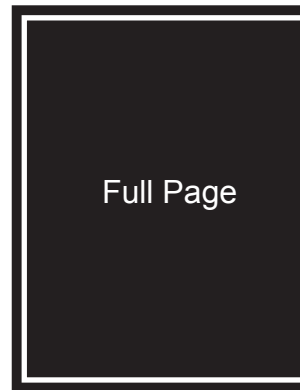
Specialty Positions (Mandatory Full Page)

	1x	3x	6x	12x
Back Cover	\$1600	\$1550	\$1450	\$1350
Inside Front Cover	\$1450	\$1350	\$1250	\$1150
Inside Back Cover	\$1450	\$1350	\$1250	\$1150

Other special placements: Add \$75 per insertion.

Dimensions

Full — 7.5" x 9.75" (8.75" x 11.25" w/ bleed)
 2/3 — 5" x 9.75"
 1/2 — 7.5" x 4.75"
 1/3 — (H1) 7.5" x 3" (H2) 5" x 4.875" (V) 2.5" x 9.75"
 1/4 — (V) 3.625" x 4.75"
 Back Cover — 8.75" x 9.25" w/ bleed



Mechanical Specifications

Method of Printing: Offset
Binding: Saddle Stitch
Line Screen: 150
Trim Size: 8½" x 11"
Bleeds: Add 1/8" to bleeding edges for trim
DPI: 300 or more
Format/Deadline: PDF sent electronically to lindsey@dallas-cms.org by the 1st business day of the month preceding the publication



Dallas Medical Journal

2019 DISPLAY ADVERTISING CONTRACT

Advertiser: _____ Date: _____

Contact: _____ Phone: _____

Mailing Address: _____ Fax: _____

City/State/ZIP: _____ Email: _____

Billing Address: _____ Web site: _____

City/State/ZIP: _____ Position Upgrade: _____

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

4-Color? Circle: Vertical or Horizontal

COST:
Ad Price: _____
Agency Discount: _____
Total Cost: _____

Publication Dates

___ Jan	___ Apr	___ July	___ Oct
___ Feb	___ May	___ Aug	___ Nov
___ Mar	___ June	___ Sept	___ Dec

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, including agencies, to suspension of placement, regardless of contracted insertion dates, until such balance is paid in full. If a multirun 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. Payments may be made by credit card or mailed by check to **DCMS, PO Box 4680, Dallas, TX 75208-0680.**

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

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 certify that I am authorized to place this order on behalf of the organization that is guaranteeing payment of the advertising cost referred to above. I have read and agree to the payment & billing, termination and board certification policies; advertising terms; and conditions herein.

Advertiser (or agent): _____ Date: _____

DCMS Officer: _____ Date: _____