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

<table>
<thead>
<tr>
<th>Ad Size</th>
<th>Number of Insertions</th>
<th>1x</th>
<th>3x</th>
<th>6x</th>
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</thead>
<tbody>
<tr>
<td>1/4</td>
<td></td>
<td>$750</td>
<td>$650</td>
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<tr>
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<td>$975</td>
<td>$875</td>
<td>$775</td>
<td>$675</td>
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<td>$1050</td>
<td>$950</td>
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**Specialty Positions (Mandatory Full Page)**

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<tbody>
<tr>
<td>Back Cover</td>
<td>$1600</td>
<td>$1550</td>
<td>$1450</td>
</tr>
<tr>
<td>Inside Front Cover</td>
<td>$1450</td>
<td>$1350</td>
<td>$1250</td>
</tr>
<tr>
<td>Inside Back Cover</td>
<td>$1450</td>
<td>$1350</td>
<td>$1250</td>
</tr>
</tbody>
</table>

Other special placements: Add $75 per insertion.

### Dimensions

- **Full** — 7.5” x 9.75” (8.75” x 11.25” w/ bleed)
- ⅝ — 5” x 9.75”
- ⅜ — 7.5” x 4.75”
- ⅛ — (H1) 7.5” x 3” (H2) 5” x 4.875” (V) 2.5” x 9.75”
- ⅛ — (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 proceeding the publication
Advertiser: ________________________________

Contact: ________________________________

Mailing Address: ________________________________

City/State/ZIP: ________________________________

Billing Address: ________________________________

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

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

4-Color?  Circle: Vertical or Horizontal

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, 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: _______________

revised 10/2018