



Advertising Insertion Order

Today's Date _____

Requested Advertising Insertion Publication Month(s):

WINTER (January publication) SPRING (March publication) SUMMER (August publication) FALL (October publication)

Materials deadline for each issue is the FIRST DAY OF THE MONTH PRIOR TO THE PUBLICATION MONTH.

Insertion orders should be submitted at least two weeks prior to materials deadline, as listed above.

- PLEASE PRINT -

Advertiser: _____ Product/Service: _____

Billing Client: _____ Contact Person: _____

Billing Address: _____

City/State/Zip: _____ Email Address: _____

Phone: _____ Fax: _____

Headline: _____ Hyperlink requested _____

Banner Ad - Welcome Page: 735 px x 135 px pixels (horizontal)

Banner Ad - Inside Pages: 735 px x 135 px pixels (horizontal)

Format - All sizes: 72 dpi gif or jpg file, RGB or Index color

Banner Ad - Welcome Page 4x = \$640 each 3x = \$735 each 2x = \$845 each 1x = \$975 each

Banner Ad - Inside Pages 4x = \$490 each 3x = \$635 each 2x = \$725 each 1x = \$840 each

Inside Page Choice(s): Subspecialty Review Allergy Review Case Presentations

Clinical Pediatric Pharmacology/Toxicology Invited Manuscripts Abstract Page

In the event that the requested page is not published in the issue you request, your ad will be placed on a similar inside page.

Advertising and position requests will be taken on a first-come, first-served basis. Every effort will be made to accommodate your request. Upon receipt, insertion orders will be reviewed and availability will be determined. Invoicing will be rendered upon receipt of insertion order. In order for your ad to be published, payment must be made prior to publication date. For multiple banner ads placed within the same issue of eJACOP, a 20% discount will apply.

P.O. / Insertion Number _____ **Payment is due prior to the publication date.**

Page position(s) requests: _____

Multiple ads per issue requests: _____

Authorized Signature: _____

Method of Payment: Check VISA MasterCard American Express

Credit Card No. _____ Exp. Date _____ CVV Security Code* _____

Credit Card Billing Address _____ Zip Code _____

Signature _____ Printed Name on Card _____

*CVV code is the 3-digit number on the back of VISA or MC or 4-digit number on the front of AMEX card above the account number.

If paying by check, please make payable to **ACOP** and mail to:

ACOP Headquarters • 2209 Dickens Road • Richmond, VA 23230-2005

Phone (877) 231-2267 • Fax form to: (804) 282-0090 • Email: beverly@societyhq.com

Fax Completed Insertion Order to (804) 282-0090 Email Finished Ad File to: beverly@societyhq.com