



# ACOP Website - [www.ACOPeds.org](http://www.ACOPeds.org) ADVERTISING INSERTION ORDER

Today's Date \_\_\_\_\_

### Requested Display Month(s):

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

Insertion Order Deadline for each month is the FIRST DAY OF THE MONTH PRIOR TO THE DISPLAY MONTH.

- PLEASE PRINT -

Advertiser: \_\_\_\_\_ Product/Service: \_\_\_\_\_

Billing Client: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Headline: \_\_\_\_\_ Hyperlink requested \_\_\_\_\_

**Banner Ad Size:** 825 pixels x 120 pixels

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

**Banner Ad - Home Page**     12x = \$720 each     6x = \$855 each     3x = \$945 each     1x = \$1035 each-

**Banner Ad - Inside Page**     12x = \$560 each     6x = \$695 each     3x = \$785 each     1x = \$875 each

Advertising and position requests will be granted 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 upon first date of publication.

Page Position Request     Members Only     Physicians     Students     Residents     Upcoming Meetings

P.O. / Insertion Number: \_\_\_\_\_ **Payment is due upon invoice receipt.**

Special Instructions: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**Method of Payment:**     Check     VISA     MasterCard     American Express

Card No: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name on Card \_\_\_\_\_

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

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

Phone (804) 565-6333 • Fax form to: (804) 282-0090 • Email: [beverly@societyhq.com](mailto:beverly@societyhq.com)

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



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## ADVERTISING INSERTION ORDER

### GENERAL INFORMATION

Organization: American College of Osteopathic Pediatricians  
Office: 2209 Dickens Road, Richmond, VA 23230-2005  
Phone: (804) 565-6333 Fax: (804) 282-0090  
Website: [www.ACOPeds.org](http://www.ACOPeds.org)

Please contact Beverly Bernard, ACOP's Advertising Coordinator, to place your ad or with any questions regarding your advertising schedule at (804) 565-6321 or by email at [beverly@societyhq.com](mailto:beverly@societyhq.com).

Because information regarding products, services and sources of supply are very important to our members, relevant advertising messages are always welcome. ACOP reserves the right to determine whether an ad is appropriate for posting. Refer to the following information regarding sizes and pricing.

### DISPLAY RATES / FREQUENCY DISCOUNTS

#### BANNER AD (825 px x 120 px)

	12X	6X	3X	1X
Home Page	\$720	\$855	\$945	\$1035
Inside Page	\$560	\$695	\$785	\$875

For special multiple insertion rates to apply, complete payment for all placements will be required upon invoice. Invoicing will be rendered upon receipt of ad materials.

### MECHANICAL SPECIFICATIONS

**BANNER AD SIZE:** 825 pixels x 120 pixels  
**FORMAT:** jpg, gif or png, RGB or Index color

**Page Position:** Please indicate which page position you are requesting. Space is limited and is on a first-come, first-served basis. Can be positioned on either the website home page or other available page, space available.

Your banner ad can contain a hyperlink to direct the viewer directly to your website, your online exhibit or product catalog. Please indicate the hyperlink address on your insertion order, if applicable.

### ADVERTISING POLICIES

**Deadlines:** Material and insertion orders due on the first of the month preceding date of publication. Positions are available on a first-come, first-served basis.

### DESIGN/COMPOSITION CHARGES

Ad Services can be provided at \$110 per hour. Request should be made three weeks prior to publication deadline.

## PLEASE COMPLETE THE FOLLOWING CONTACT INFORMATION



I would like to make a commitment for the following:

Ad(s) for: \_\_\_\_\_ Purchase Order # \_\_\_\_\_

Billing Client \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_ Email \_\_\_\_\_

Authorized Representative \_\_\_\_\_ Title \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_