



**NORTH COAST PHYSICIAN INSERTION ORDER**  
**HUMBOLDT-DEL NORTE COUNTY MEDICAL SOCIETY**

**GENERAL INFORMATION, TERMS AND CONDITIONS:** "NORTH COAST PHYSICIAN" is edited by the Humboldt-Del Norte County Medical Society Editorial and Publications Committee and distributed in electronic format.

Because of its timeliness and local emphasis, HDNCMS *North Coast Physician* enjoys high readership and reader response from its circulation which has more than doubled and continues to grow. Circulation of the HDNCMS *North Coast Physician* includes physician members, Office Managers, local hospitals, public health, advertisers, leaders of medical societies throughout the state, including the California Medical Association, local legislators, and other interested persons in the medical field.

All advertising copy is subject to review by the HDNCMS Editorial and Publications Committee. The Committee reserves the right to exclude or revise any advertising copy, or to cancel this contract for any reason. All advertisers must have a contract on file with the Society office. Billing for on-going advertising will be done on a monthly basis. Payment must be submitted along with contracts for one-time ads.

**All artwork must be camera ready.** Acceptable formats include: *.pdf, .tiff, .jpg, .psd, .indd, or .gif*; If you have questions, please contact the Society office.

For monthly ads, we will repeat previous copy if new copy is not received by the closing date, unless special arrangements have been made.

If advertising is discontinued before completion of contract, short rate for space will be payable. Accounts become delinquent after 30 days from invoice date. The Committee may cancel a contract and demand payment in full upon an account becoming delinquent.

**DISPLAY ADVERTISING RATE SCHEDULE**      *\*rates effective 1/1/22*

<input checked="" type="checkbox"/>	<u>SIZE</u>	<u>MONTHLY</u>	<u>SIZE</u>
<input type="checkbox"/>	<b>Business Card Ad (camera ready)</b>	<b>\$ 65.00</b>	<b>3.50" x 2.00"</b>
<input type="checkbox"/>	<b>1/4 Page Horizontal</b>	<b>\$140.00</b>	<b>8.00" x 2.50"</b>
<input type="checkbox"/>	<b>1/2 Page</b>	<b>\$160.00</b>	<b>8.00" x 5.25"</b>
<input type="checkbox"/>	<b>1/3 Page Vertical</b>	<b>\$150.00</b>	<b>3.00" x 10.50"</b>
<input type="checkbox"/>	<b>Full Page</b>	<b>\$200.00</b>	<b>8.50" x 11.00"</b>
<input type="checkbox"/>	<b>Full Page/Special Placement:</b>	<b>\$275.00</b>	<b>8.50" x 11.00"</b>
<input type="checkbox"/>	<b>Classified Ads</b>	<b>\$ 5.25 per line</b>	

**DEADLINE: 15th day of the preceding month to be published**

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**"NORTH COAST PHYSICIAN"**  
**HUMBOLDT-DEL NORTE COUNTY MEDICAL SOCIETY**  
**ADVERTISING INSERTION ORDER**

Please insert our advertisement in the HDNCMS *North Coast Physician* to available space for \_\_\_\_\_ consecutive months and until further notice from either party, for which we agree to pay:

- A. \$ \_\_\_\_\_ per issue; payment in full accompanies this contract.
- B. \$ \_\_\_\_\_ per issue; within 30 days of invoice.

*(Option B only available to current advertisers requesting more than three consecutive months and meeting credit approval.)*

This contract to take effect with the issue of (month) \_\_\_\_\_ and is subject to all conditions of the current rate schedule.

\_\_\_\_\_  
**Company Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**Fax**

\_\_\_\_\_  
**Authorized by (please print)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Contact Name (if different than authorizing personnel)**

\_\_\_\_\_  
**E-Mail**