



## 2018-19 Physician Directory Advertising Information & Schedule

Ad Reservation Deadline: **May 15, 2018**

Ad Submission Deadline: **May 25, 2018**

### 2018-19 Physician Directory Advertisement Sizes & Rates:

Select the size and rate you want on the chart below. Sizes are displayed width x height. Please note that covers and tabs are limited and may no longer be available – please call or email us to verify.

<input checked="" type="checkbox"/> <del>Back Cover</del> <del>6" w x 8.5" h*</del> <del>\$1,900</del> <b>SOLD</b>	<input type="checkbox"/> Tab 4.75" w x 7.5" h \$1,375
<input checked="" type="checkbox"/> <del>Inside Front</del> <del>4.75" w x 7.5" h</del> <del>\$1,700</del> <b>SOLD</b>	<input type="checkbox"/> Full Page 4.5" w x 7.5" h \$850
<input checked="" type="checkbox"/> <del>Inside Back</del> <del>4.75" w x 7.5" h</del> <del>\$1,700</del> <b>SOLD</b>	<input type="checkbox"/> Half Page 4.5" w x 3.5" h \$425

*\*add .125" to all sides back cover for full bleed*

### Acceptable File Formats:

Supply finished art only in high-resolution PDF files saved at 300 dpi in CMYK color with all fonts embedded. Documents must be created 100% to size. E-mail your ads to [info@ccmsonline.org](mailto:info@ccmsonline.org). Need assistance designing, updating or converting your ad? Contact CCMS for designer referrals (additional fees would apply).

Company \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

If you advertised in 2017-18, please indicate:  I will email a new ad  Please reuse my 2017-18 ad

Total Payment \$ \_\_\_\_\_  Check Enclosed  Please Invoice\*  Visa  MasterCard  AMEX

**\*Payment must be made within 30 days of ad reservation**

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

Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Fax your completed order form to (239) 435-7790 or email [info@ccmsonline.org](mailto:info@ccmsonline.org).

*Note: please do not email unencrypted credit card information.*



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