



## Reach more than 9,500 Physicians and Get Results!

HCMS is the largest county medical society in the nation and the *Physician Newsletter* is the most widely read newsletter by physicians in the Greater Houston area, reaching more than 9,500 physicians. This eight page monthly publication is distributed by mail and email to the membership and subscribers. Back issues remain on our website for three years. View at [www.hcms.org/PhysicianNewsletter](http://www.hcms.org/PhysicianNewsletter).

The newsletter offers Classified ad space on page 7, as well as commercial Specialty ad space on page 3 across from the President's Page and on the back cover. For availability of Specialty ad space, contact Ahuva Terk at 713-524-4267, ext. 329.

### Advertising Schedule

- ◆ The *Physician Newsletter* is a monthly publication, produced mid-month.

### Advertising Policy

- ◆ Pricing is per issue and for the space specified, even if full space is not utilized.
- ◆ Contracts must be paid in full no later than 10 days prior to publication. Ad contracts are non-refundable.
- ◆ Ad space is guaranteed only with payment. Unpaid contracts and verbal commitments only provide first right of refusal.
- ◆ Advertising is subject to acceptance by the publisher. Advertiser assumes responsibility and liability for their ad's content.
- ◆ Advertising in the *Physician Newsletter* does not constitute an endorsement by Harris County Medical Society.

### Ad Submission

Submit completed form(s) and ad copy to [jelolf@hcms.org](mailto:jelolf@hcms.org), or fax to 713-528-0951.

- ◆ Submission deadlines are the first day of the month for that issue. Ads are accepted on a first-come, first-serve basis.
- ◆ Text only ads may be submitted by email or fax. Ads containing graphics must be submitted by email as a digital file.

### Ad Specifications

- ◆ Full color RGB (*Digital newsletter ads are full color and print newsletter ads are grayscale.*)
- ◆ 300 dpi resolution, PDF, JPEG, and PNG file types accepted. (*See ad sizes below.*)

### Commercial Ad Rates

\$165	8-line	2.5" wide x 1" high ( <i>approximately 55 words</i> )
\$320	16-line	2.5" wide x 2.25" high ( <i>approximately 110 words</i> )
\$420	24-line	2.5" wide x 3.25" high
\$567	32-line	2.5" wide x 4.5" high or 5.125" wide x 2.25" high
\$995	64-line	5.125" wide x 4.5" high

### Member Discounted Advertising - Qualifications and Rates

To qualify, you must meet the following criteria:

- ◆ Must be a current HCMS member and must submit a completed Member Ad Rates form.
- ◆ For practices with less than 10 physicians, all must be members; with more than 10 physicians, 80% must be members.
- ◆ Ad must directly relate to your medical practice, or be personal/non-commercial in nature.
- ◆ Contact information in the ad must be directed to the HCMS member or one of their practice staff.

#### Member Discounted Ad Rates:

\$82.50	8-line	2.5" wide x 1" high ( <i>approximately 55 words</i> )
\$160	16-line	2.5" wide x 2.25" high ( <i>approximately 110 words</i> )
\$315	24-line	2.5" wide x 3.25" high
\$425.25	32-line	2.5" wide x 4.5" high or 5.125" wide x 2.25" high

## CLASSIFIED ADVERTISING AGREEMENT

**COMMERCIAL AD RATES:**

- \$165 8-line (2.5" wide x 1" high)
- \$320 16-line (2.5" wide x 2.25" high)
- \$420 24-line (2.5" wide x 3.25" high)
- \$567 32-line (2.5" wide x 4.5" high or 5.125" wide x 2.25" high)
- \$995 64-line (5.125" wide x 4.5" high)

**MEMBER DISCOUNTED AD RATES:**

- (Must submit application – Must qualify according to policy.)*
- \$ 82.50 8-line (2.5" wide x 1" high)
  - \$160 16-line (2.5" wide x 2.25" high)
  - \$315 24-line (2.5" wide x 3.25" high)
  - \$425.25 32-line (2.5" wide x 4.5" high or 5.125" wide x 2.25" high)

**POLICY:**

- Submission deadlines are the first day of the month for that issue. Ads are accepted on a first-come, first-serve basis.
- Ad space is guaranteed only with payment. Unpaid contracts and verbal commitments only provide first right of refusal.
- Contracts must be paid in full no later than 10 days prior to publication. Ad contracts are non-refundable.
- Pricing is per issue and for the space specified, even if full space is not utilized.
- Applications for member discounted rates are subject to review and approval by HCMS administration.
- Advertising is subject to acceptance by the publisher. Advertiser assumes responsibility and liability for their ad's content.
- Advertising in the *Physician Newsletter* does not constitute an endorsement by Harris County Medical Society.

**CONTACT INFORMATION:**

Advertiser Name: \_\_\_\_\_ Practice/Company Name: \_\_\_\_\_

Ad Contact Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**AD INFORMATION:**

**Are you an HCMS member?**  
 Yes  No

**If so, are you applying for the discounted member rates?**  
 Yes *(Must submit Member Discounted Advertising Application.)*  
 No

**Size of ad requested:**

- 8-line (2.5" wide x 1" high)
- 16-line (2.5" wide x 2.25" high)
- 24-line (2.5" wide x 3.25" high)
- 32-line (2.5" wide x 4.5" high or 5.125" wide x 2.25" high)
- 64-line (5.125" wide x 4.5" high)

**Issues wanted:**

<input type="checkbox"/> Jan 15	<input type="checkbox"/> May 15	<input type="checkbox"/> Sept 15
<input type="checkbox"/> Feb 15	<input type="checkbox"/> June 15	<input type="checkbox"/> Oct 15
<input type="checkbox"/> Mar 15	<input type="checkbox"/> July 15	<input type="checkbox"/> Nov 15
<input type="checkbox"/> Apr 15	<input type="checkbox"/> Aug 15	<input type="checkbox"/> Dec 15

**PAYMENT:** *(Make checks payable to Harris County Medical Society.)*

Credit Card  Check  Friends of the Society account

Amount: \$ \_\_\_\_\_ MC / DISC / VISA / AMEX (circle one)

Card No: \_\_\_\_\_ CVV \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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

Name on Card: \_\_\_\_\_

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

**Signing below is an acknowledgment and acceptance of HCMS policies and terms.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit by emailing to [jelolf@hcms.org](mailto:jelolf@hcms.org) or fax to 713-528-0951.**  
 For questions, contact John Elolf at 713-524-4267, ext 244 or [jelolf@hcms.org](mailto:jelolf@hcms.org).

# CLASSIFIED AD SPECIFICATIONS

Submit as full color RGB; 300 DPI resolution; PDF, TIFF, JPEG and PNG files accepted.  
(Digital newsletter ads are full color and print newsletter ads are grayscale.)

Ads with graphics must be submitted as a digital file and emailed to [jelolf@hcms.org](mailto:jelolf@hcms.org). Text only ads may be submitted by email or faxed to 713-528-0951.

**8-Line Ad**  
2.5" wide x 1" high

**16-Line Ad**  
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**64-Line Ad**  
5.125" wide x 4.5" high