

The Journal of ExtraCorporeal Technology

2009 Advertising Rates

Mail on Disk to: AmSECT • 2209 Dickens Road • Richmond, VA 23230-2005
 Email artwork to: beverly@societyhq.com • Phone: (804) 565-6363 • Fax (804) 282-0090

GENERAL INFORMATION

Organization: American Society of ExtraCorporeal Technology
 Editor-in-Chief: Robert Groom, MS, CCP

DISPLAY RATES / FREQUENCY DISCOUNTS

	4 X	3X	2X	1X
Full Page	\$850	\$950	\$1,100	\$1,300
Half Page	\$590	\$650	\$770	\$900
Quarter Page	\$400	\$450	\$490	\$550

For special multiple insertion rates to apply, complete payment for all insertions will be required upon invoice. For recognized agencies, there is a 15% commission.

ADDITIONAL RATES FOR COLOR

Black + One PMS	+\$400
Black + Two PMS	+\$600
Four Color	+\$900

ADDITIONAL RATES FOR SPECIAL POSITION

Cover 2	+\$400
Cover 3	+\$500
Cover 4	+\$600

DESIGN/COMPOSITION CHARGES

Ad Services can be provided at \$85 per hour. Request should be made three weeks prior to publication deadline.

MECHANICAL SPECIFICATIONS

Ad Sizes	Standard		Bleed	
	Width	Height	Width	Height
Full Page:	7.5"	10"	8.75"	11.25"
Half Page horiz:	7.5"	4.875"	-	-
Half Page vert:	3.625"	10"	-	-
1/4 Page:	3.625"	4.875"	-	-

PUBLICATION TRIM SIZE: 8.5" x 11" BLEED SIZE: 8.75" x 11.25"

Please keep live matter within the 7.5"x10" page area.

ADVERTISING POLICIES

Deadlines: Vol. 40 - 1 March: **February 1**
 Vol. 40 - 2 June: **May 1**
 Vol. 40 - 3 September: **August 1**
 Vol. 40 - 4 December: **November 1**

PRODUCTION REQUIREMENTS

High resolution Adobe pdf digital files are strongly encouraged in place of film. Adobe pdf files should be created as CMYK color, 300 dpi resolution, all fonts embedded with full bleed and crop marks, where applicable. If pdf files can not be sent, Indesign, Illustrator or Photoshop files (PC platform) are acceptable and must include all necessary graphics and fonts. For files too large for email, please send on disk to: **JECT**, 2209 Dickens Road, Richmond, VA 23230-2005.

To send negatives:

Black & White: Offset negatives, right-reading emulsion side down or camera-ready copy. Include one proof. **Four Color:** Offset negatives, right-reading emulsion side down. Include composite proof and complete set of negatives. For a two-page spread not in the center, two sets of negatives should be furnished.

Fax completed form and Insertion Order to (804)282-0090

PLEASE PRINT OR TYPE



I would like to make a committment for the following.

Ad(s) for: _____

Billing Client _____

Address _____

City _____ State _____ Zip _____

Phone () _____ FAX () _____ Email _____

Authorized Representative _____ Title _____

Authorized Signature _____ Date _____



2009 ADVERTISING INSERTION ORDER

Today's Date _____

Ad Type: Display Classified **Display Ad Frequency:** 4x 3x 2x 1x

Requested Publication Issue(s):

- Vol. 40-1 March (Deadline: February 1, 2009) Vol 40-2 June (Deadline: May 1, 2009)
- Vol. 40-3 September (Deadline: August 1, 2009) Vol. 40-4 December (Deadline: November 1, 2009)

- PLEASE PRINT -

Advertiser: _____ Product/Service: _____

Billing Client: _____ Contact Person: _____

Billing Address: _____

City/State/Zip: _____

Email Address: _____

Phone: _____ Fax: _____

Headline: _____

Display Ad Size:

- Full Page - no bleed (7 1/2 x 10)
- Full Page - with bleed (8 3/4 x 11 1/4)
- Half Page - horizontal (7 1/2 x 4 7/8)
- Half Page - vertical (3 5/8 x 10)
- Quarter Page (3 5/8 x 4 7/8)

Color:

- B/W
- Black + 1 Color (+\$400)
- Black + 2 Color (+\$600)
- 4 Color (+900)

Special Position:

- Inside Front Cover (+\$400)
- Inside Back Cover (+\$500)
- Back Cover (+\$600)

Trim size of publication is 8 1/2 x 11. Halftone screen is 150 line or 300 dpi.

Paper - Sterling Gloss Offset, 80 lb.

Advertising and position requests will be taken on a first come, first served basis. Every effort will be made to accomodate your request.

Please see the **JECT Rate Sheet** for the appropriate charges for your ad, color choice and special position request.

Base Charge: \$ _____ + Color Fee: \$ _____ + Position Fee: \$ _____ **TOTAL COST: \$ _____**

P.O. / Insertion Number: _____ **Payment is due within 15 days of invoicing.**

Special Instructions: _____

Method of Payment: Check VISA MasterCard American Express

Card No: _____ Exp. Date _____

Signature _____ Printed Name on Card _____

Fax completed form and Insertion Order to (804)282-0090

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

AmSECT National Headquarters • 2209 Dickens Road • Richmond, VA 23230-2005

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