

FPMA FOOTPRINTS/FPMA WEBSITE WANT ADS ADVERTISING INSERTION ORDER

Please print or type

Company Name: _____

Contact Person: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Publication Dates: Circle the issue(s) in which you wish to advertise.

Spring 2010

May

Fall 2010

November

Deadlines are the 1st of the month prior to publication for all files.

<u>Insertion Sizes</u>	<u>Placement Rates</u>	<u>FPMA Website Want Ads (Job Bank/Classifieds)</u>
Full Page (7.5" x 10")	\$280	Non-Physician FPMA Members: \$40/ad for three months. All Others: \$120/ad for three months. Submit text and payment information via e-mail (breese@fpma.com) or fax (850-681-0899).
Half Page (3.75" x 10")	\$205	
Half Page (7.5" x 5")	\$125	
Quarter Page (3.75" x 5")	\$90	
Business Card (2" x 3.5")	\$55	

All insertions for publications must be in one of the following formats without bleeds:

Press-Ready PDF files (Acrobat 8.0 or lower file)

Adobe InDesign CS3 or lower file

Adobe Photoshop CS3 or lower file

TIFF or EPS file

To ensure print quality, please make sure that ads are at 300dpi for 150 line screen printing.

All ads are subject to approval by FPMA. Acceptance of advertising for publication in *FPMA Footprints* does not constitute approval or endorsement by either *FPMA Footprints* or the Florida Podiatric Medical Association.

**ADVERTISING INSERTION ORDERS CAN EITHER BE PREPAID OR
AN INVOICE CAN BE SENT TO YOU UPON PUBLICATION.**

Make checks payable to "Florida Podiatric Medical Association" or submit credit card information (Amex, Visa, or MasterCard ONLY). Send insertion order, electronic file, and payment to:

FPMA Footprints
410 North Gadsden Street
Tallahassee, Florida 32301

1-800-277-3338
(850) 681-0899 (FAX)

Files and Questions:
breese@fpma.com

This form can be downloaded from our website (www.fpma.com) by clicking "FPMA Footprints" link.

If you wish to take advantage of placement opportunities, please fill out this form, sign and date below, and mail or fax your completed form to the FPMA office.

SIGNED: _____ DATE: _____

NAME: _____ TITLE: _____

THANK YOU FOR ADVERTISING WITH FPMA!