



NEWSLETTER

ADVERTISING RATES

INSERTION ORDER

Requested Publication Issue(s):

- Spring (March) Summer (July) Fall (November)

The deadlines for advertising materials are the following: **Spring issue** - February 1; **Summer issue** - June 1; **Fall issue** - October 1. Due to space constraints, ads are accepted on a first-come, first-served basis. Please submit this completed and signed insertion order as as soon as possible to assure optimum advertising space. All ads should be produced as RGB or Index color and provided as 72 dpi jpg, png or gif files to Ray Hall via email at ray@societyhq.com. Ad production services are available for an additional fee of \$110 per hour.

- PLEASE PRINT -

Advertiser _____ Today's Date _____
 Billing Client _____ Contact Person _____
 Billing Address _____
 City/State/Zip _____
 Email Address _____ Phone _____ Fax _____
 Headline _____
 Authorized Signature _____
 Requested URL link _____

If you reserve ad space in all three issues of the VOS Newsletter, there is a 25% discount per issue.

Total Amount Due \$ _____ P.O. / Insertion Number (if applicable): _____

FULL SIZE	HALF SIZE	QUARTER SIZE
<input type="checkbox"/> 1x rate - \$850 <input type="checkbox"/> 4x rate - \$637 each	<input type="checkbox"/> 1x rate - \$450 <input type="checkbox"/> 4x rate - \$337 each	<input type="checkbox"/> 1x rate - \$250 <input type="checkbox"/> 4x rate - \$187 each
Size: 750 px x 400 px horizontal	Size: 400 px x 200 px horizontal	Size: 200 px x 200 px

At the time of publication, your invoice will be issued. Payment is due within 15 days of invoicing or you may prepay for your ad. You will receive a link to the newsletter along with your invoice or receipt.

- Invoice me Payment with Credit Card

Special Instructions: _____

Method of Payment: Check VISA MasterCard American Express
 Card No: _____ Exp. Date _____ CVV Security Code* _____
 Signature _____ Printed Name on Card _____

*CVV code is the three digit number on the back of VISA or MC or 4 digit number on the front of AMEX card above the account number.

For payment by check, please make payable to **PSVA** and mail to:

Virginia Orthopaedic Society • 2209 Dickens Road • Richmond, VA 23230-2005

Phone (804) 565-6321 • Fax signed and completed form to: (804) 282-0090 • Email: ray@societyhq.com

Fax Completed and Signed Insertion Order to (804) 282-0090