

## **MSSC MEMBERSHIP ROSTER ADVERTISING**

The annual Medical Society of Sedgwick membership roster is an indispensable guide to local physicians. It is used many times a day by physicians, their office staff and other health care professionals. Advertisements with the roster are seen repeatedly throughout the year.

Each MSSC physician member receives a copy of the roster. Physicians, hospitals, clinics and other health-related organizations throughout Kansas purchase additional copies. Total number of rosters published is about 5,750.

### **AD RATES (All advertisements are full page, full color)**

Back cover: \$3,500

Inside front/inside back covers: \$2,500

Tab pages (cardstock): \$2,000

Each advertiser will receive one complimentary copy of the roster. Additional copies may be purchased for the pre-publication pricing prior to Sept. 1st. After Sept. 1, the pricing increases per copy.

### **SPECIFICATIONS**

Back cover and inside cover: Ad size is 5.5" x 8.5" plus 1/8" bleed. Leave a 1/2" clear space for the spiral binding (on the left side for inside back cover, on the right side for the back cover and inside front cover).

Tab pages: Ad size is 4.5" x 7.75"

Advertising art to be provided in a camera-ready high-resolution PDF or JPEG. Fonts should be embedded in file or outlined.

For assistance in designing and producing an advertisement, contact Denise Phillips at [denisephillips@med-soc.org](mailto:denisephillips@med-soc.org) or at 316-683-7558. **DEADLINE**

Order, ad copy and payment deadline is Aug. 1.

### **APPROVAL AND PAYMENT**

All advertisements are subject to acceptance by MSSC and space availability (first come, first serve).

Payment is due with order. To pay by credit card – call 683-7558. Make checks payable to the Medical Society of Sedgwick County (MSSC). Contact Denise Phillips at 316-683-7558 or [denisephillips@medsoc.org](mailto:denisephillips@medsoc.org) for more information or to check availability.



## Advertising Form for 2019 MSSC Membership Roster

### ADVERTISING ORDER

Advertiser Name \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact phone \_\_\_\_\_

Email \_\_\_\_\_

Notes/instructions \_\_\_\_\_

**LOCATION**     Back Cover     Inside Front Cover     Inside Back Cover     Tab

RATE \_\_\_\_\_

TOTAL \_\_\_\_\_

- Pay by check (MSSC)
- Pay by credit card (call 683-7558)

Signature \_\_\_\_\_

Date \_\_\_\_\_

<b>AD RATE (all ads are full color)</b>	
<u>Location</u>	<u>Rate</u>
Back Cover	\$3,500
Inside Covers	\$2,500
Tabs	\$2,000

**To Submit Order Form:**

Payment must accompany the order form. Make checks payable to MSSC.

You can mail, fax or e-mail the order for processing.

Mail: MSSC, ATTN: Denise, 1102 S. Hillside, Wichita, KS 67211

Fax: 316-683-1606

E-mail: [denisephillips@med-soc.org](mailto:denisephillips@med-soc.org)