



Physician BUZZ

AD CONTRACT

The *Physician BUZZ* is an e-news publication sent to the HCMS membership by email on the first Sunday of each month. It reaches more than 9,500 physician members and is aimed at informing them on important issues, benefits, and services provided by HCMS. *Physician BUZZ* issues remain online in our digital library for three years at www.hcms.org.

Ad Rate:

- 1 ad placement - \$350 per ad
- 3 ad placements - \$300 per ad
- 6 ad placements - \$280 per ad
- 12 ad placements - \$250 per ad

Ad Policy:

- A minimum commitment of three issues is required.
- Ad contracts are non-refundable.
- Ad contracts must be paid in full prior to publication.
- Ad rates are subject to change. If a rate increase is adopted, the new rates will apply in future contracts.
- All advertising is subject to acceptance by the publisher. Publication of an advertisement is not an endorsement or approval by HCMS of the product or service involved.

Ad Specifications: Submit ad copy file no later than 10 business days prior to publication. Email to ahuva_terk@hcms.org

- 300 pixels wide x 100 pixels high
- RGB full color
- 300 DPI Resolution
- JPEG and PNG file formats accepted

CONTACT INFORMATION:

Advertiser Name _____ Practice/Company Name _____

Contact Name/Title _____

Address _____ City/State/Zip _____

Phone _____ Fax _____ Email _____

PUBLISH IN THE FOLLOWING ISSUES:

- | | | |
|---------|----------|----------|
| ___ Jan | ___ May | ___ Sept |
| ___ Feb | ___ June | ___ Oct |
| ___ Mar | ___ July | ___ Nov |
| ___ Apr | ___ Aug | ___ Dec |

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: _____

Expiration Date: _____

Billing Address: _____

Name on Card: _____

Signature: _____

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

Signature: _____ Date: _____