



Advertising Request

The IPMA E-Newsletter is a monthly electronic newsletter written specifically for members of the Illinois Podiatric Medical Association. It is read by nearly 700 podiatrists within the State of Illinois and is an excellent opportunity to market your message to a select group of podiatrists.

Advertisements will also be placed on the IPMA website in the classified section, which can be viewed by everyone who visits the website. Payment is due prior to placement of your ad. If you do not wish to have your ad placed on the website, please advise _____.

Newsletter Schedule • New Ad • Renewal

Indicate by circling the month(s) you would like the ad to appear in the newsletter and on the website:

January February March April May June July August September October November December

Ad Size Dimensions		One Issue	Two or More Issues (Per Issue)
• Full Page *	8½ x 11"	\$325	\$275
• Half Page (Back Cover) *	8" x 5"	\$300	\$250
• Half Page (Horizontal) *	8" x 5"	\$165	\$135
• Half Page (Vertical) *	4" x 10.25"	\$165	\$135
• Quarter Page *	4 " x 5"	\$115	\$ 90
• Eighth Page*	4" x 2.5"	\$60	\$45
• Classified: Non-Member		\$65	\$65
• Classified: Member		\$35	\$35

Preferred format: PD with fonts and 300 dpi (CMYK) images embedded

Acceptable file formats include: Adobe InDesign CS/CS2/CS3/CS4/CS5/CS5.5/CS6 – include all mac screen and printer fonts and all resources used in the layout; Adobe Illustrator CS/CS2/CS3/CS4/CS5/CS5.5/CS6 – images must be linked, not embedded; and included. All fonts must be converted to outlines.

Adobe Photoshop CS/CS2/CS3/CS4/CS5/CS5.5/CS6 – must be CMYK, 300 dpi resolution, layered photoshop document with all fonts included.

Billing Information

Company or Doctor's Name _____

Billing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Contact _____ E-Mail _____

Total Amount Due _____ Check Make payable to the IPMA and mail to the address shown below.

Visa Discover MasterCard American Express

Card Number _____ Exp. _____

Security Code _____

Name on Card _____

Signature _____

Please forward this form and artwork to assistant@ipma.net.

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