



Wisconsin Chiropractic Association | www.wichiro.org

# Magazine Advertising Order Form

## Wisconsin Chiropractic Association

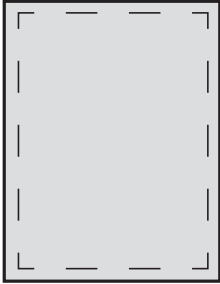
521 East Washington Avenue • Madison, WI 53703

phone: 608.256.7023 • fax: 608.256.7123

The *Wisconsin Chiropractor* is WCA's bimonthly, full-color print magazine, mailed to more than 1200 chiropractic professionals across Wisconsin and in neighboring states. Advertising placements are included as part of a WCA Associate Membership package; the base biennium package includes choice of six (6) full page or twelve (12) half page ads. Premium pages are full page placements, available exclusively to WCA Associate Members. For questions, contact at WCA at 608.256.7023 or btoler@wichiro.org.

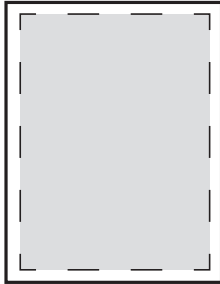
### The Wisconsin Chiropractor Ad Placements & Rates | Select Ad Type

**Full Page, with Bleed**  
8.625x11.125



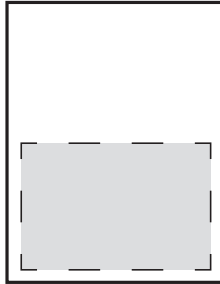
- \$850 Non-Member
- \$550 Member

**Full Page, no Bleed**  
7.5x10



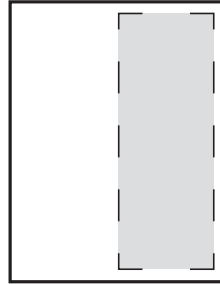
- \$850 Non-Member
- \$550 Member

**Half Page, Horizontal**  
7.5x5



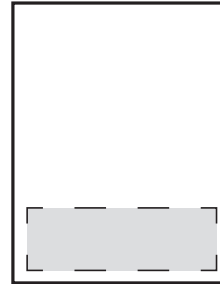
- \$600 Non-Member
- \$350 Member

**Half Page, Vertical**  
3.75x10



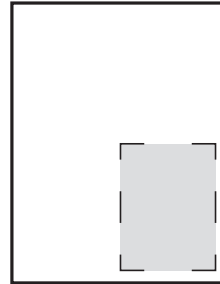
- \$600 Non-Member
- \$350 Member

**Quarter Page, Horizontal**  
10x2.5



- \$500 Non-Member
- \$250 Member

**Quarter Page, Vertical**  
3.75x5



- \$500 Non-Member
- \$250 Member

### Premium Pages

Associate Member exclusive. Upgrade base package ads to premium using rate below. Additional premium placements \$550.

- \$400 Back Cover
- \$350 Inside Front Cover
- \$350 Inside Back Cover

### 2017 Production Calendar | Select Issue(s)

- February - Pre-Convention  
Ad Deadline: Jan 13  
Deliver: Early Feb
- April - Post-Convention  
Ad Deadline: April 13  
Delivery: Early May
- June - Summer  
Ad Deadline: May 12  
Delivery: Early June
- August - Pre-Convention  
Ad Deadline: July 14  
Delivery: Early Aug
- October - Post-Convention  
Ad Deadline: Sept 22  
Delivery: Late Oct
- December - Winter  
Ad Deadline: Nov 11  
Delivery: Early Dec

### Contact Info

Advertiser/Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City/ST/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Web \_\_\_\_\_

Select One:  Member  Non-Member

### Payment

Charge Amount \$ \_\_\_\_\_  Visa  Mastercard  Check Payable to WCA  
Credit Card # \_\_\_\_\_ Expiration \_\_\_\_\_  
Name on Card \_\_\_\_\_ Sec. Code \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

### Return To

Wisconsin Chiropractic Association, Attention: Brenda Toler  
521 East Washington Avenue, Madison, Wisconsin 53703  
p 608.256.7023 | f 608.256.7123 | e btoler@wichiro.org

### OFFICE USE ONLY

Date Rec'd \_\_\_\_\_ Issue(s) \_\_\_\_\_  
Total Paid \_\_\_\_\_ Ad Size \_\_\_\_\_  
CC Auth \_\_\_\_\_ Premium \_\_\_\_\_  
Check # \_\_\_\_\_ Member?  YES  NO



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