

NORTHEAST FLORIDA MEDICINE

Published by the DCMS Foundation
Marking 164 Years of Local Organized Medicine

In partnership with the Medical Societies
of Duval, Clay and Nassau Counties



For More Information

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Who We Are

Founded in 1853, the Duval County Medical Society was the first medical society in Florida, and serves as the voice for organized medicine in Duval County. In fact, DCMS was instrumental in forming the Florida Medical Association in 1874 in Jacksonville. DCMS is a voluntary professional association of nearly 2,000 physicians (MD & DO) dedicated to the health of Jacksonville and the surrounding community.

What They Are Saying

“We have been very fortunate to advertise in the DCMS journal in recent years. It has helped further advance our 20 year dedication to the medical community.”

– **Mitchell Terk, Terk Oncology**



Advertising and sponsorship sales in print media outperform those in digital **73 to 27 percent**
– *The Angerosa Research Foundation*

7 out of 10 readers spend more time with industry-related print publications than with mainstream business or consumer print magazines – *ABM*

Adults **under 35 read more** magazines per month than their older counterparts
– *Association of Magazine Media (MPA)*

AD DEADLINES

SPRING 2017

Topic: Heart Failure
Ad Sales Deadline: February 2, 2017
Artwork Deadline: February 10, 2017
Estimated Delivery: March 1, 2017

AUTUMN 2017

Topic: Patient Quality & Safety
Ad Sales Deadline: August 3, 2017
Artwork Deadline: August 11, 2017
Estimated Delivery: September 1, 2017

SUMMER 2017

Topic: Obesity
Ad Sales Deadline: May 4, 2017
Artwork Deadline: May 12, 2017
Estimated Delivery: June 1, 2017

WINTER 2017

Topic: TBD
Ad Sales Deadline: November 2, 2017
Artwork Deadline: November 10, 2017
Estimated Delivery: December 1, 2017





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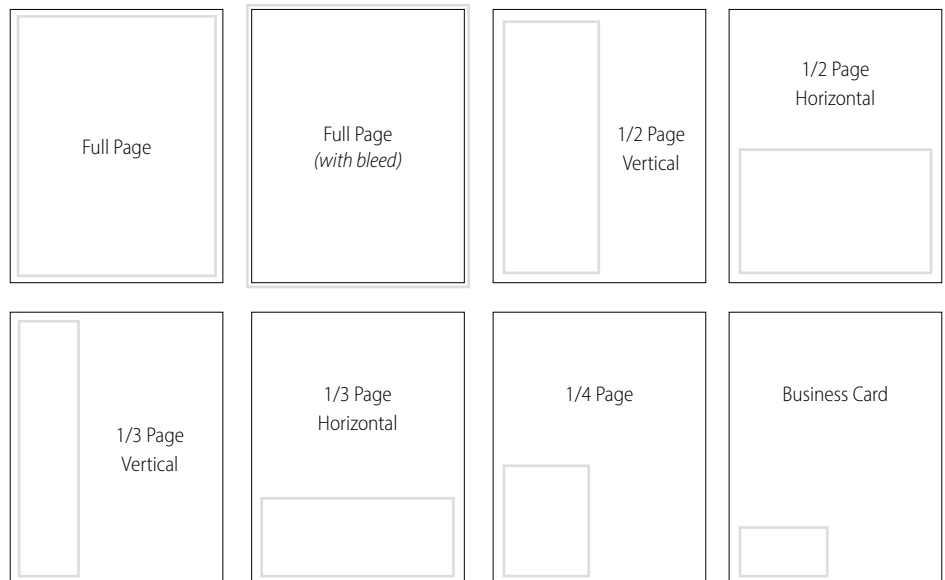
SIGN UP ONLINE! <https://www.emconsultinginc.com/adreservation/NEFMJMAG/>

Size	Ad Rate	Digital Link
Full Color		
Business Card	\$349	<p>\$125 / issue</p> <p>Add your company website to the online ad and enhance your web traffic from the digital publication.</p> <p>Available at any ad size or placement.</p>
1/4 Page	\$549	
1/2 Page	\$799	
Full Page	\$899	
Facing CME Test Page	\$899	
Pages 2-5	\$899	
Page Facing Inside Back Cover	\$899	
Facing Inside Front Cover	\$999	
Inside Front Cover	\$1,099	
Inside Back Cover	\$1,099	
Outside Back Cover	\$1,399	

Black & White		
Business Card	\$249	<p>\$125 / issue</p>
1/4 Page	\$449	
1/2 Page	\$699	
Full Page	\$799	

Ad Specs (width by height)

- Full Page 8.375" x 10.875"
- Full Page (with bleed) 8.625" x 11.125"
- 1/2 Page Horizontal 7.5" x 5"
- 1/2 Page Vertical 3.75" x 10"
- 1/3 Page Horizontal 7.5" x 3.125"
- 1/3 Page Vertical 2.5" x 10"
- 1/4 Page 3.75" x 5"
- Business Card 3.5" x 2"





Digital Edition

Digital versions of *Northeast Florida Medicine Journal* deliver traditional media to an audience with an increasing appetite for new digital content. Online readership moves content to new levels with instantaneous, 24/7 accessibility and unmatched sharing capability. One interested reader can deliver articles and advertisements to colleagues and friends, bringing multitudes of new views and subscribers. And research shows that an increased online readership increases print-only readership, expanding the benefit even further.



Ad Specs (width by height)

Full Side Banner.....	200 x 860px
Double Box.....	200 x 567px
Single Box.....	200 x 275px

Digital Magazine Banners*	1 Issue	4 Issues
Single Box	\$250	\$1,000
Double Box	\$400	\$1,600
Full Side Banner	\$500	\$1,800

*2 banners available or up to 6 single box ads available.

In addition to print, the *Northeast Florida Medicine Journal* is also available to members in a fully interactive digital version. Viewers can virtually flip through the pages, forward articles of interest to colleagues and click on ads to be redirected to the company's website.

Extend your print advertising investment with the unique benefits of digital media:

- Bookmark pages and insert notes
- Perform a keyword search of the entire magazine
- Navigate and magnify pages with one click
- View issues instantly from most smart phones
- Share articles on third-party news and social networking sites
- Use tabs to view archives, find a list of articles for one-click access and more

SIGN UP ONLINE! <https://www.emconsultinginc.com/adreservation/NEFMJMAG/>



CONTRACT FOR ADVERTISEMENT

DATE:	AD SIZE	QTY	COST	AD CREATION COST
SALESPERSON:	BUSINESS CARD	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> \$29
AD LOCATION:	1/8 PAGE	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> \$29
COLOR:	1/4 PAGE	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> \$49
Y: N:	1/3 PAGE	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> \$49
PAST ADVERTISER:	1/2 PAGE	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> \$69
PAST AD PROOF SENT:	FULL PAGE	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> \$99
RUN SAME AD:	INSIDE FRONT COVER	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> \$99
Y: N:	INSIDE BACK COVER	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> \$99
# OF ISSUES:	BACK COVER	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> \$99
<input type="checkbox"/> 1 Issue		<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
<input type="checkbox"/> 4 Issues		<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
<input type="checkbox"/> Annual		<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
<input type="checkbox"/> ___ Issues		<input type="checkbox"/>	\$ _____	<input type="checkbox"/>

ADVERTISEMENT COST: \$ _____

AD CREATION COST: \$ _____

AD CHANGE COST: \$ _____

PREFERRED AD LOCATION (\$59): \$ _____

***TOTAL AD COST: \$ _____** **PF**
(per issue)

Invoice In Full
 Invoice Per Issue

ADVERTISER INFORMATION

NAME OF BUSINESS ADVERTISING: _____

CONTACT PERSON: _____

ADDRESS: _____

PH #: _____ CELL #: _____

FAX #: _____

EMAIL: _____

WEBSITE: _____

OFFICE ONLY

OP: _____ UNKN: AD CODE: _____ LAND PG:

ISSUE	DATE	AMOUNT	PAYMENT	TRANS. ID #

I (advertising company) represent and warrant that the advertisement, articles, content, text, images, pictures and/or logos that I am sending to E&M Consulting, Inc. and/or E&M Management, LLC (E&M) are registered trademarks of my company, and that I am not infringing on any other person's copyright, trademarks, rights of literary property, intellectual property, nor do they violate the rights of privacy of, or libel other persons. If I am placing/listing subdivisions/developments I also represent and warrant that I or my Company own, develop, or represent lots for sale in the development(s)/subdivisions. I agree to indemnify and hold harmless E&M against any claims, judgments, court costs, attorney's fees and other expenses arising from any alleged or actual breach of these warranties. All advertisers will be sent one proof of their advertisement. All changes on the proof will be final and if the proof copy is resubmitted by fax or mail after the deadline given, the proof changes will not be guaranteed. Proof copies are for error corrections only. Payment is required in advance to guarantee space on this publication. If payment by credit card, I authorize E&M to charge the credit card provided for full payment of all advertisements and listings placed with E&M. Issues of this publication may be archived online indefinitely. The publication sponsor determines the time each publication is archived. Contact E&M to have your ad taken down or revised for a fee.

SIGNATURE: _____ DATE: _____

SEND THIS CONTRACT, AD LAYOUT & FULL PAYMENT PAYABLE TO:

E&M Consulting, Inc. Phone: 800-572-0011
E&M Management, LLC Fax: 952-448-9928
 1107 Hazeltine Blvd, Ste #350
 Chaska, MN 55318
 ramework@emconsultinginc.com
 www.emconsultinginc.com

BILLING INFORMATION





CONTACT PERSON: _____

ADDRESS: _____

PH #: _____ FAX #: _____

EMAIL: _____

AD/BILLING INSTRUCTIONS

***PAYMENT INFORMATION:**     ***A \$3.50 PROCESSING FEE WILL APPLY TO ALL CREDIT CARD PAYMENTS.**

BILLING ADDRESS: _____ NAME AS IT APPEARS ON CARD: _____ ZIP CODE: _____

CARD NUMBER: _____ SIGNATURE FOR CARD PAYMENT: _____ SECURITY CODE: _____

EXP. DATE: _____

