



MPhA

MARYLAND PHARMACISTS ASSOCIATION

2018 Media Kit



Reach over 1,300 MD Pharmacists and key pharmacy decision makers by advertising in *Maryland Pharmacist*, the official publication of the Maryland Pharmacists Association.

The *Maryland Pharmacist* is a quarterly publication serving the 1,300+ members of the MD Pharmacists Association (MPhA).

The publication includes feature articles, member news, legislative, legal, regulatory information, industry trends and association information.

The Maryland Pharmacist Association was first established in 1882, and is the only state-wide professional organization that represents the interests of all practicing pharmacists. The *Maryland Pharmacist* journal provides CE credits in every issue and is an exclusive benefit of membership in MPhA.

Ad Submission

You may email your ad to Kristen Bergmaier at kristen@thinkgraphtech.com or you may send us files by going to www.thinkgraphtech.com and clicking on the Send Us Files button on the top right of the screen.

Deadlines

Winter 2018 Ad Reservation: 1/5/18
Artwork Due: 1/12/18

Spring 2018 Ad Reservation: 4/6/18
Artwork Due: 4/13/18

Summer 2018 Ad Reservation: 7/6/18
Artwork Due: 7/13/18

Fall 2018 Ad Reservation: 9/7/18
Artwork Due: 9/14/18

Sizes

Trim sizes listed. Ad sizes are width x height.

Full Page (no bleed) 8" x 10.5"

Full Page (full bleed) 8.75" x 11.25"

1/2 Page (horizontal, no bleed) 8" x 5"

1/2 Page (vertical, no bleed) 3.875" x 10.5"

1/4 Page (vertical, no bleed) 3.875" x 5.125"

Business Card 3.875" x 2"

Notes:

- Reserve ad space in two or more issues and receive 10% off the listed ad rates.
- Rates are non-commissionable. We will markup for qualified agencies upon request.
- For contracted advertisers, Graphtech will bill on a per issue basis following the publication.
- Ads can be designed at \$69.50 per hour.

2018 Maryland Pharmacist Reservation Form

Please complete the form and email to Kristen Bergmaier at kristen@thinkgraphtech.com or fax to 717.238.3081. Feel free to contact Kristen if you have any questions at 717.238.5751 x129 or kristen@thinkgraphtech.com.

Contact Information

Contact Name

Company

Address

City

State

Zip

Phone

Fax

Email

Advertising Information (Place a check next to your selections below)

Position	Member Rates B&W / Color	Non Member Rates B&W / Color	Price
<input type="checkbox"/> Back Cover	\$725 / \$925	\$825 / \$1025	
<input type="checkbox"/> Inside Front Cover	\$675 / \$875	\$775 / \$975	
<input type="checkbox"/> Inside Back Cover	\$625 / \$825	\$725 / \$925	
<input type="checkbox"/> Full Page	\$525 / \$725	\$625 / \$825	
<input type="checkbox"/> Half Page (Horizontal)	\$425 / \$625	\$525 / \$725	
<input type="checkbox"/> Half Page (Vertical)	\$425 / \$625	\$525 / \$725	
<input type="checkbox"/> Quarter Page	\$325 / \$525	\$425 / \$625	
<input type="checkbox"/> Business Card	\$225 / \$425	\$325 / \$525	

Issue(s) Selection	Member Rate	Non-Member Rate	Sub-Total
<input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall	\$ _____ <input type="checkbox"/> B&W <input type="checkbox"/> Color	\$ _____ <input type="checkbox"/> B&W <input type="checkbox"/> Color	\$ _____ x _____ issues
TOTAL			\$ _____

If advertising in multiple issues, please complete:

- I plan to change my ad in each issue. Please contact me prior to the deadline dates.
- I plan to use the same ad in each issue. If anything changes I will contact you prior to the deadline dates.

Payment Information

- Please invoice me
- Please charge to my credit card: Visa Mastercard
 Discover American Express

Credit Card Number

CIV#

Exp. Date

Print Name on Card

Signature