



The Maryland Veterinarian Newsletter

- ADVERTISING OPPORTUNITIES -

Select Display Ad Size for Electronic Issue:

	<u>One Issue</u>	<u>Four Issues</u>
<input type="checkbox"/> Electronic: Billboard Color Ad (150 pixels by 150 pixels)	\$ 300	\$900
<input type="checkbox"/> Electronic: Banner Color Ad (728 pixels by 90 pixels)	\$ 600	-----

* For Electronic Ads submit file as a 96 dpi jpg or gif file. Include the url to which you want the ad to link.
 * Print ads should be high resolution 300dpi pdf or other graphic file.

SUMMER 2017 PRINTED ISSUE Advertisements

Select Display Ad Size:

COLOR

	<u>One Issue</u>
<input type="checkbox"/> PRINT: Full Page Display Ad - Inside Front (8" wide by 10.5" deep)	\$ 1,200
<input type="checkbox"/> PRINT: Full Page Display Ad - Inside Back (8" wide by 10.5" deep)	\$ 1,200
<input type="checkbox"/> PRINT: 1/2 Page Display Ad - Back Cover (7.5" wide by 4.75" deep)	\$ 1,200

Select Display Ad Size:

BLACK & WHITE

	<u>One Issue</u>
<input type="checkbox"/> PRINT: 1/4 Page Display Ad (3.5" wide by 4.75" deep)	\$ 300
<input type="checkbox"/> PRINT: 1/2 Page Display Ad (7.5" wide by 4.75" deep)	\$ 450
<input type="checkbox"/> PRINT: Full Page Display Ad (8" wide by 10.5" deep)	\$ 700

Select Issue(s) for Display Ad above:

ISSUE

AD SUBMISSION DEADLINE

<input type="checkbox"/> Winter 2016-2017- Electronic Only	January 23, 2017
<input type="checkbox"/> Spring 2017 - Electronic Only	April 10, 2017
<input type="checkbox"/> Summer 2017 - Printed & Electronic	July 3, 2017
<input type="checkbox"/> Fall 2017 - Electronic Only	October 18, 2017

Date Submitted: _____ Company Name: _____

Billing Address: _____ City: _____ State: _____ Zip Code: _____

Contact Person Authorizing Display Ad: _____

Phone: (_____) _____ - _____ Fax: (_____) _____ - _____ E-Mail: _____

Payment: (Payment and Camera Ready Ads must be received by Ad Submission Date)

- I have enclosed a check in the amount of \$ _____ (Check payable to MVMA)
 Please charge my credit card:

Account Number _____ Amount \$ _____

Cardholder Signature _____ Exp. Date ____/____/____ CCV _____

Cardholder Name (Please Print) _____

Return your completed form and payment to:

MVMA PO Box 5407, Annapolis, MD 21403 or fax: 410.268.1322, Email: MVMA@Keyassnmgt.com