

# SFMMS MEMBER DIRECTORY

## 2019-2020 ADVERTISING RATES & INFORMATION



The San Francisco Marin Medical Society (SFMMMS) publishes a physician member directory every year that lists practice information for more than 1,400 doctors around the San Francisco Bay Area. The member directory is a coveted resource that allows physicians, healthcare professionals, and the general public to refer and discover new services, providers and partners.

### ADVERTISING RATES

#### FULL COLOR (Premium Ads\*)

Full Page Index Tab	\$2,000
Inside Front Cover	<del>\$2,700</del> - SOLD
Inside Back Cover	<del>\$2,700</del> - SOLD
Back Cover	<del>\$3,600</del> - SOLD

\*Premium advertisers will be featured for a year on our website with a logo placement and link to the company's web page

#### BLACK AND WHITE

Full Page	\$1,395
½ Page Horizontal	\$995
¼ Page Vertical	\$595**

\*\*SFMMMS members in solo/small group (1-4 physicians) are eligible to reserve ¼ page vertical ad space at a discounted rate of \$395.

### MECHANICAL REQUIREMENTS

AD SIZE (Non-Bleed)	DIMENSIONS (Width x Depth)
Full Page	5" x 8"
1/2 Page Horizontal	5" x 4"
1/4 Page Vertical	2.375" x 4"

**Please note all ad artwork/ materials and payment are due by 5PM on Wednesday, June 12, 2019.**

### PUBLICATION FACTS

Circulation: 1,400 directories  
Directory size: 6" x 9"  
Annual publication in July

### ARTWORK SPECIFICATIONS

Artwork must be in final print size

Full page ads with bleeds must allow ¼" on all sides

Colors must be CMYK or Grayscale and resolution must be 300dpi or higher

Print-ready artwork accepted in JPEG, TIFF or PDF formats

### ALL CORRESPONDENCE & AD MATERIALS MAY BE SENT TO:

SFMMMS  
Attn: Membership  
2720 Taylor St, Ste 450  
San Francisco, CA 94133  
P (415) 561-0850 x200  
F (415) 561-0833  
[membership@sfmms.org](mailto:membership@sfmms.org)

\*All advertisements are subject to the approval of SFMMMS

## 2019-2020 San Francisco Marin Medical Society Directory Advertising Contract

CONTACT INFORMATION	
Company	
Contact Name	Position
Billing Street Address	
City, State, Zip	Email
Phone	Fax

DIRECTORY ADVERTISING POSITION			
✓ Check	Position/Size	Dimension (inches)	Price
	Full Page Index Tab (4 Color Process)	5" x 8"	\$2,000
<b>SOLD</b>	<del>Inside Front Cover (4 Color Process)</del>	<del>5" x 8"</del>	<del>\$2,700</del>
<b>SOLD</b>	<del>Inside Back Cover (4 Color Process)</del>	<del>5" x 8"</del>	<del>\$2,700</del>
<b>SOLD</b>	<del>Back Cover (4 Color Process)</del>	<del>5" x 8"</del>	<del>\$3,600</del>
	Full Page (Black & White)	5" x 8"	\$1,395
	1/2 Page Horizontal (Black & White)	5" x 4"	\$995
	1/4 Page Vertical (Black & White)	2.375" x 4"	\$595
	<i>For SFMMS Solo/Small Group Physician Members:</i> 1/4 Page Vertical (Black & White)	2.375" x 4"	\$395 (\$200 off!)

ARTWORK SUBMISSION DEADLINE IS JUNE 12, 2019	
<b>Artwork</b>	<ul style="list-style-type: none"> <li>High Resolution: 300-600 dpi</li> <li>CMYK or Grayscale Artwork</li> <li>InDesign/Photoshop for PCs</li> <li>PDFs: Press Optimized High Resolution</li> <li>Graphic Formats: .tiff and .jpg</li> </ul>
<b>Media Submission</b>	<ul style="list-style-type: none"> <li>Email (under 10 MB) to <a href="mailto:membership@sfmms.org">membership@sfmms.org</a></li> <li>CD/USB – Mail to SFMMS, Attn: Membership, 2720 Taylor Street, Suite 450, San Francisco, CA 94133</li> <li>FTP to <a href="http://membership@sfmms.org">membership@sfmms.org</a></li> </ul>

## PAYMENT

**Payment Method**     Check made to San Francisco Marin Medical Society     Mastercard     Visa     Amex

**Card Number**

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**Cardholder Name**

**Expiration Date**

**Billing Address**

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**City, State, Zip**

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**In signing this agreement the advertiser agrees to the following:**

The advertiser authorizes the San Francisco Marin Medical Society (SFMMMS) to place the above company advertisement in the 2019-2020 SFMMMS Membership Directory. Signature authorizes SFMMMS to charge the credit card on file in the stated amount for the advertisement in June. SFMMMS retains the right to not accept an advertisement at its sole discretion. In the event an advertisement is deemed unacceptable, a full refund will be provided. Advertisers wishing to cancel must provide SFMMMS with written notification of their intent to cancel by June 12, 2019 and are subject to a 10% cancellation fee. All special placement ads (full color covers and index tabs) are accepted based on availability and cleared through SFMMMS. Advertiser agrees to hold SFMMMS—its officers, employees and members—harmless from any action or suit arising out of advertisements placed by advertiser. This will include but is not limited to the following: copyright infringement, plagiarism, libel or any unauthorized use of a person's name, photographs or any claims represented in the ad that are untrue or unauthorized. All ad copy not provided in InDesign/Photoshop for PCs, graphic formats .tiff & .jpg, high resolution 300-600 dpi or PDF's press optimized (high resolution) will be converted to digital format with an additional \$50.00 charge. Any artwork not received by June 12, 2019 will not appear in the 2019-2020 Directory and no refund will be provided. Acceptance of the advertisement does not imply an endorsement by SFMMMS. Payment and ad copy/artwork must be received by the SFMMMS by June 12, 2019 to ensure placement in the 2019-2020 Membership Directory. Severability: If any provision in this contract is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remaining provisions shall nevertheless continue in full force without being impaired or invalidated in any way.

**Authorized Signature and Date** \_\_\_\_\_

If you have any questions, or require assistance, please contact SFMMMS Membership Department at (415) 561-0850 x200, or at [membership@sfmms.org](mailto:membership@sfmms.org)

**PLEASE FAX OR MAIL REGISTRATION FORM TO:**  
**San Francisco Marin Medical Society, Attn: Membership**  
2720 Taylor Street, Suite 450 ■ San Francisco, CA 94133 ■ Fax: (415) 561-0833