

SFMMS MEMBER DIRECTORY

2018-2019 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.

PUBLICATION FACTS

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

ADVERTISING RATES

| FULL COLOR (Premium Ads*) | |
|---------------------------|---------------------------|
| Full Page Index Tab | \$2,000 |
| Inside Front Cover | \$2,700 - SOLD |
| Inside Back Cover | \$2,700 - SOLD |
| Back Cover | \$3,600 - 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.

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

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 Monday, May 7, 2018.

*All advertisements are subject to the approval of SFMMMS

2018-2019 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 |
| SOLD | Inside Front Cover (4 Color Process) | 5" x 8" | \$2,700 |
| SOLD | Inside Back Cover (4 Color Process) | 5" x 8" | \$2,700 |
| SOLD | Back Cover (4 Color Process) | 5" x 8" | \$3,600 |
| | 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 MAY 7, 2018 | |
|--|--|
| Artwork | <ul style="list-style-type: none"> High Resolution: 300-600 dpi CMYK or Grayscale Artwork InDesign/Photoshop for PCs PDFs: Press Optimized High Resolution Graphic Formats: .tiff and .jpg |
| Media Submission | <ul style="list-style-type: none"> Email (under 10 MB) to membership@sfmms.org CD/USB – Mail to SFMMS, Attn: Membership, 2720 Taylor Street, Suite 450, San Francisco, CA 94133 FTP to membership@sfmms.org |

PAYMENT

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

Card Number

Cardholder Name

Expiration Date

Billing Address

City, State, Zip

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 2018-2019 SFMMMS Membership Directory. Signature authorizes SFMMMS to charge the credit card on file in the stated amount for the advertisement in April. 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 May 7, 2018 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 May 7, 2018 will not appear in the 2018-2019 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 May 7, 2018 to ensure placement in the 2018-2019 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

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