



2024 IMA Newsletter Advertising Rates

The monthly newsletter of the Idaho Medical Association – **IMAg**es – reaches more than 3,800 practicing physicians along with practice managers and other healthcare professionals. *IMAg*es is printed and sent electronically. Trust us to get your message in the right hands – at the right price.

Colored Advertisement Rates

<u>Size of Ad</u>	<u>Full Page</u>	<u>Half Page</u>
Published once	\$925*	\$640
3 times (cost per issue)	\$810*	\$575
6 times (cost per issue)	\$720*	\$525
9 times (cost per issue)	\$640*	\$475

Black and White Advertisement Rates

<u>Size of Ad</u>	<u>Full Page</u>	<u>Half Page</u>
Published once	\$905*	\$615
3 times (cost per issue)	\$785*	\$555
6 times (cost per issue)	\$700*	\$505
9 times (cost per issue)	\$615*	\$455

<u>Ad Dimensions</u>	<u>Width x Height in inches</u>
Full Page	7 ½ x 8 ½
Half Page (Vertical)	3 ½ x 8 ½

***Added value:** Full page advertisers receive a banner ad in the **IMA Wire**, an electronic newsletter published the first of each month. (Banner size: 160 pixels X 325 pixels)

*IMAg*es is delivered the 15th of each month. Availability is limited and accepted on a first reserved basis. PNG files preferred.

Order Form Below

2024 IMAGes Advertising Insertion Order

The IMA is currently accepting advertisements for the *IMAGes* newsletter. You may reserve space in as many issues as you wish with reservations accepted on a first-reserved basis. All reservations will be confirmed to the sponsoring organization.

Please reserve advertising space in *IMAGes* for a:

Full Page **Half Page at \$ _____ per insertion in these issues:**

<u>Mailing Date</u>	<u>1x</u>	<u>3x</u>	<u>6x</u>	<u>9x</u>
January 2024	_____	_____	_____	_____
February 2024	_____	_____	_____	_____
March 2024	_____	_____	_____	_____
April 2024	_____	_____	_____	_____
May 2024	_____	_____	_____	_____
June 2024	_____	_____	_____	_____
July 2024	_____	_____	_____	_____
August 2024	_____	_____	_____	_____
September 2024	_____	_____	_____	_____
October 2024	_____	_____	_____	_____
November 2024	_____	_____	_____	_____
December 2024	_____	_____	_____	_____

Company _____

Advertising Agency (if applicable) _____

Contact _____

Address _____

City, State, ZIP _____

Telephone Number _____ Fax _____

E-Mail _____

Sponsor Contact Signature _____ Date _____

Advertisement fees are billed to your company the month of publication
Please fill out your credit card information below (AmEx, MC, Visa)

Card # _____ 3-Digit Verification Code _____ Exp. Date _____

Name on Card _____ Amt. to Charge _____

Signature _____

Please email this completed form to: mark@idmed.org
If mailing the form, send to: Idaho Medical Association -- Medical Practice Opportunities
P.O. Box 2668, Boise, ID 8370
Or you can fax the form to: (208) 344-7903
Questions? Call Mark at (208) 344-7888