



2017 Advertising Rates

*IMAg*es

The monthly newsletter of the Idaho Medical Association – *IMAg*es – reaches more than 2,000 practicing physicians along their practice managers and other healthcare professionals. Trust us to get your message in the right hands – at the right price.

Black and White Rates

<u>Size</u>	<u>1x</u>	<u>3x each</u>	<u>6x each</u>	<u>9x each</u>
Full Page	\$775	\$675	\$600	\$525
Half Page	\$525	\$475	\$425	\$375
Quarter Page	\$375	\$350	\$325	\$275

<u>Dimensions</u>	<u>Width x Height in inches</u>
Full Page	7 ½ x 8 ½
Half Page (Vertical)	3 ½ x 8 ½
Quarter Page (Vertical)	3 ½ x 4

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

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

Medical Practice Opportunities Rates (Classified Ads)

Rates: Per insertion: \$50 for IMA members/\$100 for non-members up to 50 words; 50 cents for each additional word. Frequency discount: buy two consecutive insertions, get a third one free. Medical Practice Opportunities advertisements are published in *IMAg*es and posted to the IMA website – www.idmed.org.

The IMA reserves the right to deny advertising space to any individual, company, group or association. The IMA retains the right to decline any submitted advertisement or to discontinue publishing any advertisement previously accepted. The fact that an advertisement for a product, service, or company appears in our publications is not a guarantee by IMA of the product, service or company or the claims made for the product in such advertising.

If you would like to place an advertisement or obtain more information, please contact Margy Leach at (208) 344-7888 or margy@idmed.org.

2017 *IMAg*es Advertising Insertion Order

The IMA is currently accepting advertisements for *IMAg*es through December 15, 2017. 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 *IMAg*es for a:

Full Page / Half Page / Quarter Page advertisement at \$ _____ per insertion in these issues:

<u>Mailing Date</u>	<u>1x</u>	<u>3x</u>	<u>6x</u>	<u>9x</u>
January 2017	_____	_____	_____	_____
February 2017	_____	_____	_____	_____
March 2017	_____	_____	_____	_____
April 2017	_____	_____	_____	_____
May 2017	_____	_____	_____	_____
June 2017	_____	_____	_____	_____
July 2017	_____	_____	_____	_____
August 2017	_____	_____	_____	_____
September 2017	_____	_____	_____	_____
October 2017	_____	_____	_____	_____
November 2017	_____	_____	_____	_____
December 2017	_____	_____	_____	_____

Company _____

Advertising Agency (if applicable) _____

Contact _____

Address _____

City, State, ZIP _____

Telephone Number _____ Fax _____

E-Mail _____

Sponsor Contact Signature _____ Date _____

Margy Leach, IMA Director of Communications and Membership
P.O. Box 2668, Boise, ID 83701 * Phone (208) 344-7888/Fax 344-7903
E-mail: margy@idmed.org



IMA Medical Practice Opportunities (Classified Advertisements) Order
Ad cost is \$50 per issue/members -- \$100 per issue/nonmembers
Size of ad is approximately 1.5 by 3.5 inches – 50-word maximum
(Each additional word is .50)

NOTE: Frequency discount –buy two consecutive ads, get a third one free.

IMA Member Nonmember Number of Issues to Run: _____

Location of Opening: _____

Available Position(s): _____

Specialty(ies): _____

Contact Person(s): _____

Practice Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Additional Copy: _____

Please return to: Idaho Medical Association -- Medical Practice Opportunities
P.O. Box 2668, Boise, ID 83701 Questions? Call Margy at (208) 344-7888

All advertising orders must be prepaid – please enclose your check!
Or, for credit card orders, fax to: (208) 344-7903 (AmEx, MC, Visa)

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

Name on Card _____ Amt. to Charge _____

Signature _____