

Marketing Healthcare Today ADVERTISING AGREEMENT

Organization: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail Address: _____

1) SPECIFY ISSUE FOR AD PLACEMENT TO BEGIN

JAN/FEB '10 MARCH/APRIL '10 MAY/JUNE '10 JULY/AUG '10 SEPT/OCT '10 NOV/DEC '10

PRINT ADVERTISING PLACEMENT

2) SELECT AD TYPE; AD PRICE (DEPENDING ON NUMBER OF ISSUES PLACED); AND REGION(S)

AD TYPE/SIZE	1 ISSUE X	3 ISSUES X	6 ISSUES X	REGION AD TO BE PLACED (select one per ad)
<input type="checkbox"/> FULL PAGE	<input type="checkbox"/> \$1,100	<input type="checkbox"/> \$1,050	<input type="checkbox"/> \$1,000	<input type="checkbox"/> NE <input type="checkbox"/> MW <input type="checkbox"/> SE <input type="checkbox"/> SW <input type="checkbox"/> W
<input type="checkbox"/> 1/2 PAGE (Horz. or Vert.)	<input type="checkbox"/> \$750	<input type="checkbox"/> \$700	<input type="checkbox"/> \$650	<input type="checkbox"/> NE <input type="checkbox"/> MW <input type="checkbox"/> SE <input type="checkbox"/> SW <input type="checkbox"/> W
<input type="checkbox"/> 1/4 PAGE (Horz. or Vert.)	<input type="checkbox"/> \$500	<input type="checkbox"/> \$450	<input type="checkbox"/> \$400	<input type="checkbox"/> NE <input type="checkbox"/> MW <input type="checkbox"/> SE <input type="checkbox"/> SW <input type="checkbox"/> W
<input type="checkbox"/> 1/8 PAGE	<input type="checkbox"/> \$300	<input type="checkbox"/> \$275	<input type="checkbox"/> \$250	<input type="checkbox"/> NE <input type="checkbox"/> MW <input type="checkbox"/> SE <input type="checkbox"/> SW <input type="checkbox"/> W
<input type="checkbox"/> BACK COVER	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$1,400	<input type="checkbox"/> \$1,250	<input type="checkbox"/> NE <input type="checkbox"/> MW <input type="checkbox"/> SE <input type="checkbox"/> SW <input type="checkbox"/> W
<input type="checkbox"/> INSIDE BACK COVER	<input type="checkbox"/> \$1,300	<input type="checkbox"/> \$1,200	<input type="checkbox"/> \$1,100	<input type="checkbox"/> NE <input type="checkbox"/> MW <input type="checkbox"/> SE <input type="checkbox"/> SW <input type="checkbox"/> W
<input type="checkbox"/> FIRST RIGHT HAND READ	<input type="checkbox"/> \$1,300	<input type="checkbox"/> \$1,200	<input type="checkbox"/> \$1,100	<input type="checkbox"/> NE <input type="checkbox"/> MW <input type="checkbox"/> SE <input type="checkbox"/> SW <input type="checkbox"/> W
<input type="checkbox"/> CENTER SPREAD (2 PGS)	<input type="checkbox"/> \$1,850	<input type="checkbox"/> \$1,750	<input type="checkbox"/> \$1,600	<input type="checkbox"/> NE <input type="checkbox"/> MW <input type="checkbox"/> SE <input type="checkbox"/> SW <input type="checkbox"/> W

YES, I'd like to expand my ad coverage. Publish my ad in the following additional regions (\$250 per region).

NORTHEAST(\$250) MIDWEST(\$250) SOUTHEAST(\$250) SOUTHWEST(\$250) WEST(\$250)

ONLINE ADVERTISING PLACEMENT (WWW.MHTMAGAZINE.COM)

3) SELECT ONLINE AD TYPE

DISPLAY AD (\$75/MONTH): NUMBER OF MONTHS PLACED (CIRCLE) 1 2 3 4 5 6 7 8 9 10 11 12

BANNER AD (\$150/MONTH): NUMBER OF MONTHS PLACED (CIRCLE) 1 2 3 4 5 6 7 8 9 10 11 12

MAGAZINE SPONSORSHIP (\$300/ISSUE): JAN/FEB MARCH/APRIL MAY/JUNE JULY/AUG SEPT/OCT NOV/DEC

4) SELECT METHOD OF PAYMENT:

BILL ME: PO# _____

CHECK ENCLOSED

ALL PAYMENTS MUST BE RECEIVED IN FULL PRIOR TO PUBLICATION DATE.

CREDIT CARD (VISA / MC / AMEX)

NAME ON CREDIT CARD: _____

CARD NUMBER: _____

EXPIRATION DATE: _____

AUTHORIZED SIGNATURE: _____

MULTIPLE ISSUE PLACEMENTS WILL BE BILLED/CHARGED PER ISSUE (PRIOR TO PUBLICATION DATE)

Creative Images, Inc., reserves the right to refuse any ad deemed unacceptable. By placing a paid advertisement, the agency/ organization recognizes that the publisher will be held exempt of any legal violations incurred by the ad placement. **DELINQUENT ACCOUNTS** - If any account is not paid when due, advertiser agrees to pay interest from due date until paid at a rate of 1.5% per month. Creative Images, Inc., reserves the right to cancel any contract for overdue accounts.

By signing, I agree to the terms and conditions of this contract and acknowledge all specifications and deadlines.

5) TOTAL ADVERTISING SALES

PRINT AD PLACEMENT \$ _____

ADDITIONAL REGIONAL COVERAGE \$ _____

ONLINE AD PLACEMENT \$ _____

TOTAL PER ISSUE \$ _____

6) SIGN HERE 

ORGANIZATION'S REPRESENTATIVE / ADVERTISER

DATE