



Rehabilitation Oncology Advertising Order Form

INSTRUCTIONS

Please complete this order form and send your payment to: **Oncology Section, APTA, PO Box 327, Alexandria VA 22313**. Payment and ad copy should be submitted by the advertisement deadline. See below for ad submission instructions.

Advertiser: _____

Contact Person: _____

Address: _____

Phone: _____

City, State, Zip: _____

E-Mail: _____

PRICING

CHECK THE APPROPRIATE SIZE, RATE, AND ISSUES(S). ALL RATES ARE NON-COMMISSIONABLE.

	Size (Height x Width)	1x Insertion Rate (Per Issue)	3x Insertion Rate (Per Issue)
Full page	10 x 7	_____ \$400	_____ \$350 x 3
1/2 page horizontal	5 x 7	_____ \$300	_____ \$250 x 3
1/4 page	5 x 3.5	_____ \$200	_____ \$150 x 3
1/8 page	2.5 x 3.5	_____ \$100	_____ \$75 x 3
Inside Front Cover	10 x 7	_____ \$650	_____ \$600 x 3
Inside Back Cover	10 x 7	_____ \$650	_____ \$600 x 3
Outside Back Cover	5 x 7	_____ \$650	_____ \$600 x 3
RUN AD IN FULL COLOR		_____ Add \$500 per insertion	
			TOTAL: \$

2011 PUBLICATION SCHEDULE

AD SUBMISSION

Issue- projected mail month	Ad Deadline
May	March 5
September	July 9
November	September 10

It is preferred that advertisements be submitted electronically on CD or Zip disc in either Macintosh or PC formats. If you are e-mailing your ad, send to: sklinski@orthopt.org. You may mail your ad to: **Sharon Klinski, Orthopaedics Section, 2920 East Avenue S, La Crosse, WI 54601-8231**. The ad should be in PDF format only. Files should be distilled with the Press Optimized setting in Acrobat Distiller or saved directly from the native program using PDF/X-1a or PDF/X-3. Images should be of adequate quality to allow output at 2,540 dpi and 150 lpi screens. NO ads will be accepted without a FAX copy of the ad sent to 608/788-3965.

Payment Type: VISA MasterCard American Express Check (Payable to Oncology Section, APTA)

Credit Card Number: _____

Expiration Date: _____

Name on Card: _____

Signature: _____

Billing Address, if different from Shipping Address: _____