

# GEORGIA COLLEGE OF EMERGENCY PHYSICIANS

## EPIC magazine

ADVERTISING CONTRACT 2017



Company Name

Contact Person

Street Address

Phone

Fax

City

State

Zip

Email

### EPIC Magazine

This publication is published 4x a year and is distributed to more than 750 members, 150 medical directors, and 170 nursing directors and physician assistants.

### Mailing/Shipping Instructions

Please email all advertisements, logos, and pictures to:  
[melissa@PlusOneMedia.com](mailto:melissa@PlusOneMedia.com)

*We require a high resolution pdf to be submitted. 300 dpi is required. Fonts must be embedded and graphics included.*

*\*All content is subject to approval*

### MAGAZINE RUNS - 2017

January     April     July     October

Publication	Submissions Due	Distribution
WINTER	December 15, 2016	January
SPRING	March 15, 2017	April
SUMMER	June 15, 2017	July
FALL	Sept. 15, 2017	October

RATES and SIZES	1x	4x
<input type="checkbox"/> Full page (8 X 10), color	\$1275 ea	\$1100 ea
<input type="checkbox"/> 1/2 page (8 X 5), color	\$725 ea	\$575 ea
<input type="checkbox"/> 1/4 page (4 X 5), color	\$435 ea	\$375 ea
<input type="checkbox"/> 1/8 page (2 X 5), color	\$400 ea	\$350 ea

### METHOD OF PAYMENT

CASH     CHECK\*     AMEX     MC  
 \$ \_\_\_\_\_ # \_\_\_\_\_     Discover     Visa

\*Make Checks Payable to GCEP

**TOTAL DUE: \$** \_\_\_\_\_

### CONTRACT CONDITIONS

The publisher reserves the right to decline any advertising. The advertiser assumes all liability for the content of advertising and indemnifies the publisher against all liability for any and all claims resulting from publishing such advertising. The publisher's maximum liability for breach of this agreement will be an amount equal to the sums paid by the advertiser hereunder.

Please insert the enclosed advertising materials in the EPIC magazine. I have indicated on this contract the position, size, and rate of my ad. I agree to the terms and conditions as described in this contract and signify my agreement by signing and dating this contract.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Name on Card (required)

\_\_\_\_\_  
Billing Address (Required)

\_\_\_\_\_  
Billing City, State, Zip (Required)

\_\_\_\_\_  
Credit Card Number (Required)

\_\_\_\_\_  
Expiration Date (Required)

\_\_\_\_\_  
CVV Code (Required)