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
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

Company Name
_______________________________________

Contact Person
_______________________________________

Street Address
_______________________________________

Phone
_______________________________________

City                             State                     Zip
_______________________________________

Fax
_______________________________________

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.

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
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

Company Name
_______________________________________

Contact Person
_______________________________________

Street Address
_______________________________________

Phone
_______________________________________

City                             State                     Zip
_______________________________________

Fax
_______________________________________

Email
_______________________________________

MAGAZINE RUNS - 2017

□ January  □ April  □ July  □ October

Publication
WINTER    Submissions Due
December 15, 2016    March 15, 2017

SPRING
June 15, 2017

SUMMER

FALL

September 15, 2017

Distribution
January
April
July
October

RATES and SIZES

1x  4x

<table>
<thead>
<tr>
<th>Description</th>
<th>1x</th>
<th>4x</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full page (8 X 10), color</td>
<td>$1275 ea</td>
<td>$1100 ea</td>
</tr>
<tr>
<td>1/2 page (8 X 5), color</td>
<td>$725 ea</td>
<td>$575 ea</td>
</tr>
<tr>
<td>1/4 page (4 X 5), color</td>
<td>$435 ea</td>
<td>$375 ea</td>
</tr>
<tr>
<td>1/8 page (2 X 5), color</td>
<td>$400 ea</td>
<td>$350 ea</td>
</tr>
</tbody>
</table>

METHOD OF PAYMENT

□ CASH  □ CHECK*  □ AMEX  □ MC
□ Discover  □ Visa

Make Checks Payable to GCEP

TOTAL DUE: $_______

NAME ON CARD (required)

Billing Address (Required)

Billing City, State, Zip (Required)

Credit Card Number (Required)

Expiration Date (Required)  CVV Code (Required)