



**Greater Louisville
MEDICAL SOCIETY**

MEDIA KIT

Louisville Medicine is a monthly magazine that reaches 80% of physicians in the greater Louisville area, including Southern Indiana. The magazine is mailed to our physician member homes (our membership consists of 4000 physicians), hospitals, government officials, media, and local business professionals. Our magazine is also shared online with an average of 1000 views.

The Annual Pictorial Roster is a directory of physicians that is sent to our 4,000 physician members, purchased by every hospital and many area businesses. On average, there are over 10,000 in circulation, chained to nurse's stations, in people's homes and referenced often in the medical community.

80%

OF LOUISVILLE
PHYSICIANS

4,000+

MONTHLY READERS

10,000+

ROSTER CIRCULATION



Amanda Edmondson

Director of Communications & Marketing

Greater Louisville Medical Society

(502) 736-6330

amanda.edmondson@glms.org

www.glms.org



@loumedsociety



@loumedsociety



@loumedsociety



@loumedsociety



@loumedsociety

Louisville Medicine

Advertising CONTRACT

COMMISSION & TERMS OF PAYMENT

Charges for advertising space are payable with the order for the space, unless the Advertiser or Agency has established credit. If credit is given on a monthly payment basis, charges are payable by the 15th of the month following publication. Rates for advertising in *Louisville Medicine* magazine are net. Cash discounts are not available. Visa or Master Card credit cards may be accepted. Credit requests must be made within 30 days of billing date.

GENERAL RATE POLICY

Right to Edit or Reject. The *Louisville Medicine* may, in its sole discretion, edit, reject or cancel at any time, any advertising copy submitted by an Advertiser.

Rates. The *Louisville Medicine* may revise its advertising rate schedule at any time upon 30 days written notice to Advertiser, and Advertiser may, without penalty, cancel its advertising contract at any time prior to the new rates become effective upon written notice to *Louisville Medicine*.

Indemnification. Advertiser agrees to indemnify, defend and hold harmless the *Louisville Medicine* from all claims (whether valid or invalid), suits, judgments, proceedings, losses, damages, costs and expenses, of any nature whatsoever (including reasonable attorney's fees for which the *Louisville Medicine* or any of its affiliates may become liable by reason of the *Louisville Medicine's* publication of Advertiser's advertising).

Ownership of Advertising Copy. All advertising copy which represents the creative effort of the *Louisville Medicine* and/or the utilization of creativity, illustrations, labor, composition or material furnished by it, is and remains the property of the *Louisville Medicine*, including all rights of copyright therein. Advertiser understands and agrees that it cannot authorize photographic or other reproduction, in whole or in part, of any such advertising copy for use in any other medium without the *Louisville Medicine's* prior written consent.

Joint and Several Liability. If advertiser utilizes an "agency", advertiser and agency shall be jointly and severally liable for complying with all the terms of the advertiser's contract, including payment for all advertising.

Agency Commissions. Agency commissions, if any shall apply to all space charges and adjustments under the Advertiser's contract. *All fees are net including fees for color.*

No Sequential Liability. The Advertiser's contract renders void any statements concerning liability which appear on correspondence from Advertiser or its Agency, and is irrevocable without the written consent of the *Louisville Medicine* accounting department. It is further agreed that the *Louisville Medicine* does not accept advertising orders or space reservations claiming sequential liability.

SIZE	MONTHLY	6X RATE	1X RATE
Full Page	<input type="checkbox"/> \$650	<input type="checkbox"/> \$700	<input type="checkbox"/> \$750
Half Page	<input type="checkbox"/> \$550	<input type="checkbox"/> \$600	<input type="checkbox"/> \$660
Quarter Page	<input type="checkbox"/> \$350	<input type="checkbox"/> \$400	<input type="checkbox"/> \$450
Business Card	<input type="checkbox"/> \$125	<input type="checkbox"/> \$150	<input type="checkbox"/> \$185
Classified (30 words or less, additional words .75 ea)	<input type="checkbox"/> \$65	<input type="checkbox"/> \$65	<input type="checkbox"/> \$65
Inside Front Cover	<input type="checkbox"/> \$1150	<input type="checkbox"/> \$1200	<input type="checkbox"/> \$1250
Page Facing Inside Front Cover	<input type="checkbox"/> \$1050	<input type="checkbox"/> \$1100	<input type="checkbox"/> \$1150
Page Facing Contents	<input type="checkbox"/> \$950	<input type="checkbox"/> \$ 1000	<input type="checkbox"/> \$ 1050
Page Facing Inside Back Cover	<input type="checkbox"/> \$950	<input type="checkbox"/> \$ 1000	<input type="checkbox"/> \$ 1050
Inside Back Cover	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$1050	<input type="checkbox"/> \$1100
Outside Back Cover	<input type="checkbox"/> \$1700	<input type="checkbox"/> \$1750	<input type="checkbox"/> \$1800
Color	<input type="checkbox"/> \$250	<input type="checkbox"/> \$250	<input type="checkbox"/> \$250

FREQUENCY OF ADVERTISING Complete Insertion Dates	
<input type="checkbox"/> Jan.	<input type="checkbox"/> July
<input type="checkbox"/> Feb.	<input type="checkbox"/> Aug.
<input type="checkbox"/> March	<input type="checkbox"/> Sept.
<input type="checkbox"/> April	<input type="checkbox"/> Oct.
<input type="checkbox"/> May	<input type="checkbox"/> Nov.
<input type="checkbox"/> June	<input type="checkbox"/> Dec.

Louisville Medicine Advertising CONTRACT

Company	Agency <i>[if applicable]</i>
Contact(s)	
Mailing Address	Billing Address <i>[if different]</i>
Telephone	Fax
Email Address	Website
Signature	Date

Credit Card

<input type="checkbox"/> Visa	Card # _____
<input type="checkbox"/> Mastercard	Expiration _____
<input type="checkbox"/> Discover	Name on Card _____
<input type="checkbox"/> American Express	Billing Address _____

Return to:

Amanda Edmondson
Dir. of Communications & Marketing
Greater Louisville Medical Society
328 E. Main St. Louisville, KY 40202(502)
736.6330 Fax (502) 581-9022
amanda.edmondson@glms.org

This information is used to secure your advertising contract. Your card will be charged only if there is a balance past the deadline.

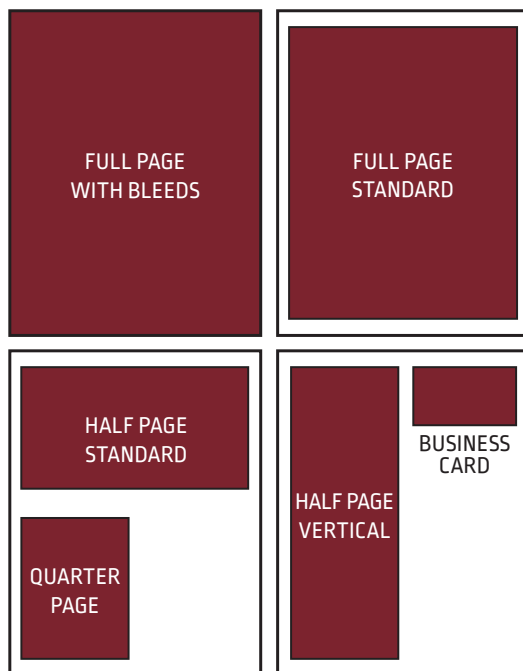
Check here if you prefer that we charge your credit card for payment.

Signature for contract confirmation

Signature to charge credit card

The signature directly above authorizes GLMS to charge and process credit card.

Louisville Medicine | Advertising Specs



AD SIZES

	WIDTH	HEIGHT
FULL PAGE		
Standard	7 ¹ / ₂ "	9 ¹ / ₂ "
With Bleeds	8 ³ / ₄ "	11 ¹ / ₄ "
HALF PAGE		
Standard	7 ¹ / ₂ "	4 ⁵ / ₈ "
Vertical	3 ⁵ / ₈ "	9 ⁵ / ₈ "
QUARTER PAGE		
Standard	3 ⁵ / ₈ "	4 ⁵ / ₈ "
BUSINESS CARD		
Standard	3 ¹ / ₂ "	2"

- Files formats accepted: PDF, JPG, EPS, PNG & TIFF
- All images must be 300 DPI or higher resolution and CMYK

- Materials due: 1st of month before publication
- Space reservation: 45 days preceding publication date

Email Advertising CONTRACT

COMMISSION & TERMS OF PAYMENT

Charges for advertising space are payable with the order for the space, unless the Advertiser or Agency has established credit. If credit is given on a monthly payment basis, charges are payable by the 15th of the month following publication. Rates for advertising in GLMS emails are net. Cash discounts are not available. Visa or Master Card credit cards may be accepted. Credit requests must be made within 30 days of billing date.

GENERAL RATE POLICY

Right to Edit or Reject. The GLMS emails may, in its sole discretion, edit, classify, reject or cancel at any time, any advertising copy submitted by an Advertiser.

Rates. The GLMS emails may revise its advertising rate schedule at any time upon 30 days written notice to Advertiser, and Advertiser may, without penalty, cancel its advertising contract at any time prior to the new rates become effective upon written notice to GLMS emails.

Indemnification. Advertiser agrees to indemnify, defend and hold harmless the GLMS emails from all claims (whether valid or invalid), suits, judgments, proceedings, losses, damages, costs and expenses, of any nature whatsoever (including reasonable attorney's fees for which the GLMS emails or any of its affiliates may become liable by reason of the GLMS emails' publication of Advertiser's advertising).

Ownership of Advertising Copy. All advertising copy which represents the creative effort of the GLMS emails and/or the utilization of creativity, illustrations, labor, composition or material furnished by it, is and remains the property of the GLMS emails, including all rights of copyright therein. Advertiser understands and agrees that it cannot authorize photographic or other reproduction, in whole or in part, of any such advertising copy for use in any other medium without the GLMS emails' prior written consent.

Joint and Several Liability. If advertiser utilizes an "agency", advertiser and agency shall be jointly and severally liable for complying with all the terms of the advertiser's contract, including payment for all advertising.

All rates are net including color pricing.

No Sequential Liability. The Advertiser's contract renders void any statements concerning liability which appear on correspondence from Advertiser or its Agency, and is irrevocable without the written consent of the GLMS emails accounting department. It is further agreed that the GLMS emails does not accept advertising orders or space reservations claiming sequential liability.

SIZE	MONTHLY	6X RATE	1X RATE	FREQUENCY OF ADVERTISING Complete Insertion Dates	
Horizontal banner (top)	<input type="checkbox"/> \$600	<input type="checkbox"/> \$600	<input type="checkbox"/> \$650	<input type="checkbox"/> Jan.	<input type="checkbox"/> July
Horizontal banner (bottom)	<input type="checkbox"/> \$550	<input type="checkbox"/> \$550	<input type="checkbox"/> \$600	<input type="checkbox"/> Feb.	<input type="checkbox"/> Aug.
Vertical banner (full)	<input type="checkbox"/> \$400	<input type="checkbox"/> \$450	<input type="checkbox"/> \$500	<input type="checkbox"/> March	<input type="checkbox"/> Sept.
Vertical banner (1/2)	<input type="checkbox"/> \$400	<input type="checkbox"/> \$450	<input type="checkbox"/> \$500	<input type="checkbox"/> April	<input type="checkbox"/> Oct.
Vertical banner (1/4)	<input type="checkbox"/> \$115	<input type="checkbox"/> \$125	<input type="checkbox"/> \$150	<input type="checkbox"/> May	<input type="checkbox"/> Nov.
Mention in subheader			<input type="checkbox"/> \$100	<input type="checkbox"/> June	<input type="checkbox"/> Dec.
Email sponsorship			<input type="checkbox"/> \$750		
Target email			<input type="checkbox"/> \$2000		

All include clickable link to a designated URL

Email Advertising CONTRACT

Company	Agency <i>[if applicable]</i>
Contact(s)	
Mailing Address	Billing Address <i>[if different]</i>
Telephone	Fax
Email Address	Website
Signature	Date

Credit Card

<input type="checkbox"/> Visa	Card # _____
<input type="checkbox"/> Mastercard	Expiration _____
<input type="checkbox"/> Discover	Name on Card _____
<input type="checkbox"/> American Express	Billing Address _____

Return to:

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 736.6330 Fax (502) 581-9022
 amanda.edmondson@glms.org

This information is used to secure your advertising contract. Your card will be charged only if there is a balance past the deadline.

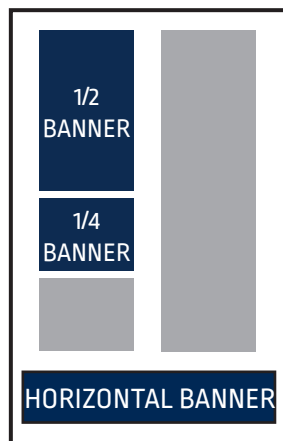
Check here if you prefer that we charge your credit card for payment.

Signature for contract confirmation

Signature to charge credit card

The signature directly above authorizes GLMS to charge and process credit card.

GLMS Email | Advertising Specs



AD SIZES

	WIDTH	HEIGHT
HORIZONTAL BANNER	600 px	300 px
FULL VERTICAL BANNER	300 px	800 px
HALF BANNER	300 px	400 px
QUARTER BANNER	300 px	200 px

- recommended file size, less than 1MB
- Files formats accepted: PDF, JPG, EPS, PNG & TIFF

- Materials due: 1st of month of being sent
- Space reservation: 45 days preceding publication date

Annual Pictorial Roster Advertising CONTRACT

Company _____	Agency <i>[if applicable]</i> _____
Contact(s) _____	
Mailing Address _____	Billing Address <i>[if different]</i> _____
Telephone _____	Fax _____
Email Address _____	Website _____
Signature _____	Date _____

Credit Card

- Visa
- Mastercard
- Discover
- American Express

Card # _____

Expiration _____

Name on Card _____

Billing Address _____

Return to:

Amanda Edmondson
 Dir. of Communications & Marketing
 Greater Louisville Medical Society
 328 E. Main St. Louisville, KY 40202(502)
 736.6330 Fax (502) 581-9022
 amanda.edmondson@glms.org

The above information is used to secure your ad placement. Your credit card will be charged if balance is not paid within 30 days following the billing date. Any unpaid balance after 30 days will be charged interest at the rate of 1½ % per month (18% per annum). You may charge by credit card if you prefer.

Signature for contract confirmation _____	Signature to charge credit card _____
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SIZE	RATE
Full Page	<input type="checkbox"/> \$1075
Half Page	<input type="checkbox"/> \$775
Quarter Page	<input type="checkbox"/> \$550
Special Position	<input type="checkbox"/> \$1875-5500
Tab Page Full	<input type="checkbox"/> \$3150
Tab Page Half	<input type="checkbox"/> \$1875

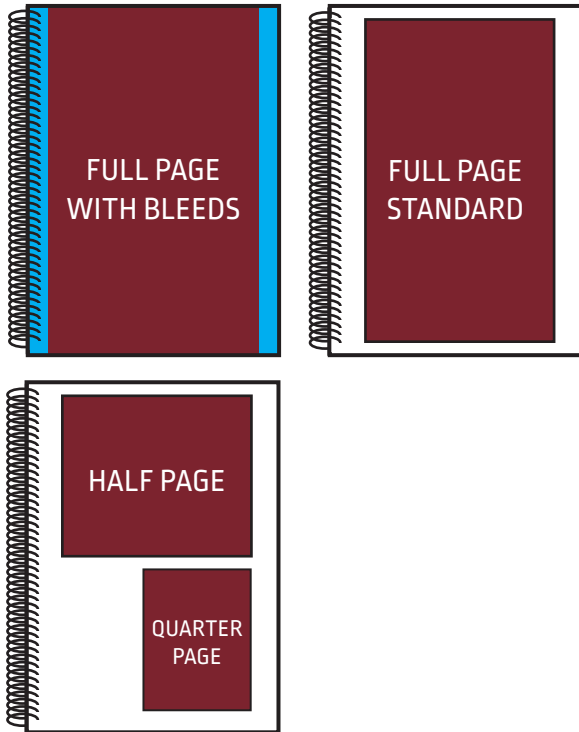
<input type="checkbox"/> Continue with Same Ad	<input type="checkbox"/> New Ad Enclosed
<input type="checkbox"/> New Ad to Follow	<input type="checkbox"/> Estimated Delivery Date

Circulation: 10,000

Annual Pictorial Roster

Advertising CONTRACT

Annual Pictorial Roster | Advertising Specs



AD SIZES

	WIDTH	HEIGHT
FULL PAGE		
Standard	5"	8.5"
With Bleeds*	6.25"	9.25"
Tab Pages Standard	5"	8.5"
Tab Pages w/ Bleeds*	6.25"	9.25"
IFC, IBC, OBC w/ Bleeds*	6.75"	9.25"
HALF PAGE		
Standard	5"	4.25"
QUARTER PAGE		
Standard	2.5"	4.25"

*Due to spiral binding, please keep text 1/2" away from both sides. Shown above in blue.

- Files formats accepted: PDF, JPG, EPS, PNG & TIFF
- All images must be 300 DPI or higher resolution and CMYK

Website Advertising CONTRACT

COMMISSION & TERMS OF PAYMENT

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SIZE	MONTHLY	6X RATE	1X RATE
Banner*	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350

* Includes clickable link to a designated URL

FREQUENCY OF ADVERTISING Complete Insertion Dates	
<input type="checkbox"/> Jan.	<input type="checkbox"/> July
<input type="checkbox"/> Feb.	<input type="checkbox"/> Aug.
<input type="checkbox"/> March	<input type="checkbox"/> Sept.
<input type="checkbox"/> April	<input type="checkbox"/> Oct.
<input type="checkbox"/> May	<input type="checkbox"/> Nov.
<input type="checkbox"/> June	<input type="checkbox"/> Dec.

Other Advertising OPTIONS

CUSTOM AD OPTION

GLMS offers various custom ad placements including and not limited to advertorial content in Louisville Medicine and special promo pieces to targeted e-mail blasts. Content is subject to approval and requires sufficient lead-time for consideration. Request More Info: amanda.edmondson@glms.org

WEBSITE ADVERTISING

Louisville physicians turn to the GLMS website as a trusted source for physician alerts and to access our online physician search tool. Include online advertising in your marketing plan to reach physicians with banner and logo ads that are linked to your website.

SIZE	MONTHLY	6X RATE	1X RATE
Banner*	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350

* Includes clickable link to a designated URL

Website Advertising CONTRACT

Company _____	Agency <i>[if applicable]</i> _____
Contact(s) _____	
Mailing Address _____	Billing Address <i>[if different]</i> _____
Telephone _____	Fax _____
Email Address _____	Website _____
Signature _____	Date _____

Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	Card # _____ Expiration _____ Name on Card _____ Billing Address _____	Return to: Amanda Edmondson Dir. of Communications & Marketing Greater Louisville Medical Society 328 E. Main St. Louisville, KY 40202(502) 736.6330 Fax (502) 581-9022 amanda.edmondson@glms.org
<p><i>This information is used to secure your advertising contract. Your card will be charged only if there is a balance past the deadline.</i></p> <input type="checkbox"/> Check here if you prefer that we charge your credit card for payment.		

Signature for contract confirmation _____	Signature to charge credit card _____ <i>The signature directly above authorizes GLMS to charge and process credit card.</i>
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GLMS Website | Advertising Specs

AD SIZES

	WIDTH	HEIGHT
HORIZONTAL BANNER	tbd	
FULL VERTICAL BANNER	tbd	
HALF BANNER	tbd	
QUARTER BANNER	tbd	

- recommended file size, less than 1MB
- Materials due: 1st of month of being sent
- Files formats accepted: PDF, JPG, EPS, PNG & TIFF
- Space reservation: 45 days preceding publication date