

The Bulletin

Journal of the Monroe County Medical Society
and Seventh District Branch, MSSNY



The Bulletin is the official publication of the Monroe County Medical Society.

With 1,000 subscribers, *The Bulletin* reaches the majority of physicians practicing in the Greater Rochester area.

Each issue offers thought-provoking articles on timely topics, as well as scholarly articles, regular columns, photo highlights, member and society news and calendar events.

Circulation: 1,000

Previous issues may be viewed at www.mcms.org.

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AD RATES & DATES

Covers	Number of Insertions		Dimensions
	1-3 issues	4 issues	
Back Cover, 4-Color	\$925	\$832	7.25" x 10"
Inside Front Cover, 4-Color	\$820	\$740	7.25" x 10"
Inside Back Cover, 4-Color	\$820	\$740	7.25" x 10"

4-Color

	Number of Insertions		Dimensions
	1-3 issues	4 issues	
Full Page, 4-Color	\$790	\$705	7.25" x 10"
Half Page, 4-Color	\$535	\$480	7.25" x 4.85"
Quarter Page, 4-Color	\$320	\$290	3.5" x 4.875"
1/8 Page, 4-Color	\$230	\$210	3.5" x 2"

Black & White

	Number of Insertions		Dimensions
	1-3 issues	4 issues	
Full Page, B/W	\$655	\$585	7.25" x 10"
Half Page, B/W	\$385	\$345	7.25" x 4.85"
Quarter Page, B/W	\$230	\$195	3.5" x 4.875"
1/8 Page, B/W	\$145	\$125	3.5" x 2"

Classified ad \$2 per word; add \$45 for color

CLOSING DATES

Issue	Deadline
Feb/March	Jan. 22, 2024
May/June	April 8, 2024
Aug/Sept	July 15, 2024
Nov/Dec	Oct. 7, 2024



In addition to the print version, each issue is also available electronically – with advertisements – on the Members Only page of our website.



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Advertising Contract / Insertion Order

Ad Size: (Please Check)

- Full Page 4/color b/w
- Half Page 4/color b/w
- Quarter Page 4/color b/w
- Eighth Page 4/color b/w
- Classified Ad 4/color b/w

- Inside front cover - 4/color only
- Inside back cover - 4/color only
- Inside back cover - 4/color only
- Outside back cover - 4/color only

Insertion Dates (Please Check)

- February/March
- May/June
- August/September
- November/December

Total Cost of Contract: _____

Date: _____

Advertiser or Agency: _____ Contact: _____

Address: _____ City/State/Zip: _____

Telephone: _____ Fax: _____

E-mail Address: _____

Check one:

- Please e-mail an invoice.
- Payment of \$_____ is enclosed. (Check payable to "MCMS")
- Please bill my credit card (check one) for the amount of \$_____ (Over phone)
- Please e-mail a receipt.

Terms: Invoices for advertising space will be issued upon submission of completed advertising contract. Invoices are due and payable within thirty (30) days after receipt. Payment must be received prior to ad running. Placement of ads, except for covers, is at the discretion of the editor.

Cancellation: Cancellation of a multiple issue contract must be in writing and received prior to the space reservation date. Cancellations received after this date will not be processed until the next issue, and advertiser will be billed for all unpaid issues run plus a 10% cancellation fee. If advertiser does not remit payment as required, it concedes the Society's right to omit the advertisement and to charge at scheduled rates for the time it has run. All advertising subject to review and acceptance by the Editorial Committee of the Monroe County Medical Society.

Signature below authorizes this contract, thereby agreeing to terms and conditions.

Signature: _____ Date: _____

MAIL, FAX (585-473-7641), OR EMAIL (JCASASANTA@MCMS.ORG) COMPLETED, SIGNED CONTRACT TO:

The Bulletin
Monroe County Medical Society
200 Canal View Blvd, Ste 202, Rochester, NY 14623