

The 2024 Directory of Physicians

Monroe County Medical Society publishes a comprehensive, directory of physician members in the Greater Rochester area. The directory contains a complete listing, including medical specialty, address, fax and phone, for 1,000 physicians in our seven county area.

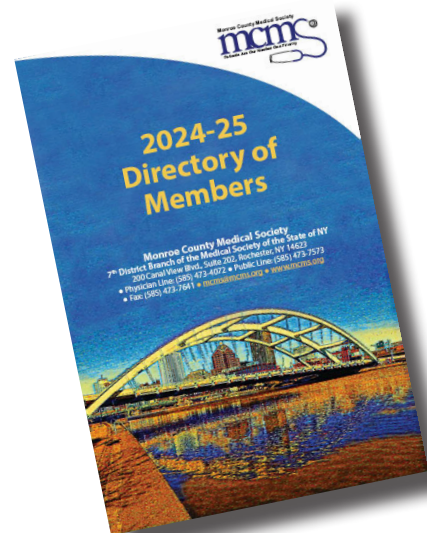
Every MCMS member receives a complimentary copy and copies are available to all physicians digitally. The directory is widely recognized as an important resource in the medical community.

The 2024 directory lists alphabetically all physicians who are members of the Monroe County Medical Society and the Seventh District Branch of the Medical Society of the State of New York. This comprehensive directory also lists local hospitals, medical and health service agencies, professional organizations and state and federal government officials.

Once again, the directory is accepting limited advertising. This is a unique opportunity for advertisers to stay at the fingertips of physicians and their office staff all year long.

Display Ad Rates

Back Cover (Full page)	Color	\$5,200
Inside Front (Full page)	Color	\$4,200
Inside Back (Full page)	Color	\$4,200
Full Page	Color	\$3,600
1/2 Page	Color	\$2,100
1/4 Page	Color	\$1,575
Full Page	B&W	\$3,150
1/2 Page	B&W	\$1,785
1/4	B&W	\$1,300
Resource Listing	Color	\$315



Health Resource Listing

\$315

Company Name
Address
Telephone Number
Fax Number
Contact Person
Email Address
Web Site
1/2 Inch High Logo



This is a small ad/listing in the back pages of the Directory. **Free** to all full and half page color advertisers. 50% off to 1/4 page color and all B&W advertisers.

2024 Directory of Physicians

The official publication of the Monroe County Medical Society

The Publication

The Directory of Physicians is a 6" x 9," full-color publication. All space reservations require a completed advertising contract received on or before the sales close date. Invoices are issued upon receipt of signed advertising contract.

Deadlines

Existing premium position holders must have their contract in by

February 1, 2024

All other space reservations are due

February 5, 2024

Final art and payment deadline is

February 12, 2024

Artwork Requirements

All digital color and greyscale artwork must be supplied at 300 dpi. High-res PDF, EPS, TIFF, and High-res JPEG files are accepted.

Publication Specs

Trim Size: 6" x 9"

Circulation: 1,200

Published: Spring 2022

Ad Specs

Full Page: 5" w x 8" h

Half Page: 5" w x 3.9375" h

1/4 Page: 5" w x 1.875" h

Resource

Directory: 2.4" w x 3.4" h

Trim and Bleed

Image area: 5" x 8"

Trim size: 6" x 9"

Bleeds: 6.25" x 9.25"

Design Services

Advertising rates are quoted based on ads being provided electronically according to specifications.

Design services are available.

SENDING YOUR FILE:

Email ads to jcasasanta@mcms.org

Monroe County Medical Society

200 Canal View Blvd, Ste 202, Rochester, NY 14623

jcasasanta@mcms.org

Tel. (585) 473-7573 • FAX (585) 473-7641





2024 Membership Directory

The official directory of
Monroe County Medical Society

Existing premium position holders must have their contract in by **February 1, 2024**.
All other space reservations are due **February 5, 2024**. Final art and payment deadline is **February 12, 2024**.

Advertising Contract

You are authorized to insert the following advertisement in the Directory of Members, published in Spring. All advertising subject to review by the editors. **Page placements and preferences are assigned in order of payments received, with premium position holders having the right of first refusal.**

Size: ___ Back Cover (full page, color) ___ Inside Front (full page, color) ___ Inside Back Cover (full pg, color)
 ___ Full Page, Color ___ Half Page, Color ___ 1/4 Page, Color
 ___ Full Page, BxW ___ Half Page, BxW ___ 1/4 Page, BxW
 ___ Resource Listing

Rate: \$ _____ Insertion Instructions: _____

Advertiser: _____

Contact Name: _____

Billing Address: _____

Phone: _____ Email: _____

Check one:

- Please email an invoice.
- Payment of \$ _____ is enclosed. (Check payable to "MCMS")
- Please bill my credit card in the amount of \$ _____
- Please email a receipt.

Proof of publication will be mailed to advertiser unless other direction is given. Signature below authorizes this contract, thereby agreeing to terms and conditions.

Signature: _____ Date: _____

Terms:
Payment due upon receipt of invoice. Make checks payable to MONROE COUNTY MEDICAL SOCIETY

Contact Jen Casasanta for more information.
Monroe County Medical Society
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www.mcms.org • jcasasanta@mcms.org