

# ILLINOIS Pharmacist

Media Kit



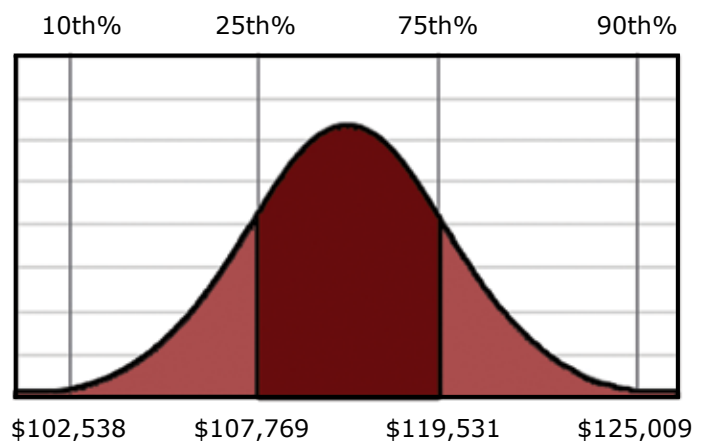
**Illinois Pharmacist** is the official, full-color publication of the Illinois Pharmacists Association (IPhA). Published quarterly, you will reach over 2,500 pharmacy professionals and beyond.

Content covers a broad range of pharmacy topics which directly effect and influence our subscribers and provides 0.15 CEU per issue.

## Frequent Content

- Continuing Education
- President's Perspective
- Executive Director's Viewpoint
- Editor's Comments
- Legislative Report
- Membership Report
- Campus News from surrounding Colleges of Pharmacy
- Local Association Information
- Board of Pharmacy Update
- Clinical Reviews
- New Product Reviews
- Pharmacists Consult Corner
- Calendar of Events

## Pharmacist Base Salary \*

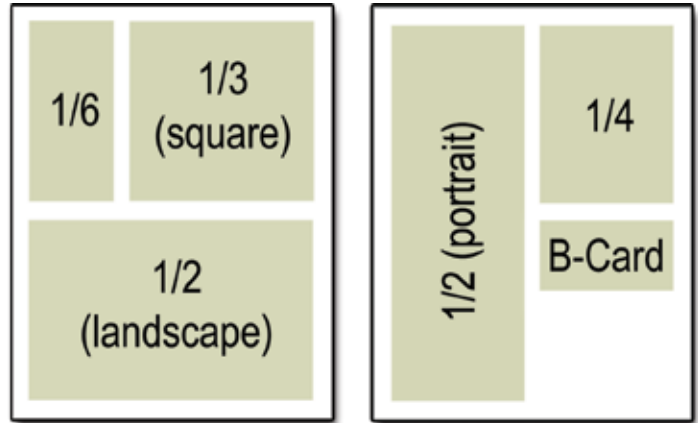


\* Based on US National Averages taken from Salary.com.



# ILLINOIS Pharmacist

## Advertising



### Need Your Ad Built?

Ad layout and design services are available for a nominal fee of \$60. Simply supply us with the desired text, images and suggested layout on or before the submission deadline.

Email materials and information to [stacy@ipha.org](mailto:stacy@ipha.org).



Size Specifications	Width	Height
Back Cover *	7.5	10
Inside Front/Back Cover *	7.5	10
Full Page *	7.5	10
2/3 Page	4.75	10
1/2 Page (landscape)	7.5	4.75
1/2 Page (portrait)	3.5	10
1/3 Page (square)	4.75	4.75
1/3 Page (portrait)	2.25	10
1/4 Page	3.5	4.75
1/6 Page	2.25	4.75
Business Card	3.5	2

\* Can be 7.5 x 10 or can bleed to 8.75 x 11.25.

### Technical Specifications

#### File Specifications

TIFF or Adobe PDF formats are accepted at a resolution of 300 dpi or higher in CMYK mode with all art and fonts embedded.

#### Disposition of Ad Materials

Ad materials are held for one year and then destroyed unless the Publisher is otherwise notified.



# 6 Easy Steps!

## Step 1 Contact Information

Advertising Company: \_\_\_\_\_

Ad Agency (if applicable): \_\_\_\_\_

### Billing Address

Bill to:  Advertising Company  Ad Agency

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Authorized Contact Information

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## Step 2 Please circle the rate per issue that corresponds to the size & number of runs for your ad.

**Full color ad rates. For B&W ads, 10% will be deducted.**

Ad Size	1 run	2 runs	4 runs
Back Cover	\$1,350/ea	\$1,283/ea	\$1,215/ea
Inside Front Cover	\$1,125/ea	\$1,069/ea	\$1,013/ea
Inside Back Cover	\$1,125/ea	\$1,069/ea	\$1,013/ea
Full Page	\$900/ea	\$885/ea	\$810/ea
2/3 Page	\$672/ea	\$638/ea	\$605/ea
1/2 Page (landscape)	\$563/ea	\$534/ea	\$506/ea
1/2 Page (portrait)	\$563/ea	\$534/ea	\$506/ea
1/3 Page (square)	\$450/ea	\$428/ea	\$405/ea
1/3 Page (portrait)	\$450/ea	\$428/ea	\$405/ea
1/4 Page	\$394/ea	\$374/ea	\$354/ea
1/6 Page	\$263/ea	\$249/ea	\$236/ea
Business Card	\$175/ea	\$166/ea	\$158/ea

## Step 3 Please indicate when to place your ad.

1st Qtr    2nd Qtr    3rd Qtr    4th Qtr   **Year** \_\_\_\_\_  
 1st Qtr    2nd Qtr    3rd Qtr    4th Qtr   \_\_\_\_\_

## Step 4 Calculations & Discounts

Rate per issue circled in Step 2:                    A \_\_\_\_\_

**B&W Ad:** If you would like your ad in B&W instead of color, multiply A by 10%:                    B \_\_\_\_\_

**Agency Discount:** Billing address MUST be that of the agency, NOT the advertising company. If you qualify, multiply A by 15%:                    C \_\_\_\_\_

**Total Due for Initial Run:** Subtract B and C from A:                    D \_\_\_\_\_

**\*Build My Ad:** If you'd like us to build your ad to meet required print specifications, add \$60 to D:                    E \_\_\_\_\_

**Total Agreement Commitment:** Multiply D by \_\_\_\_ (number of runs), then add E:                    F \_\_\_\_\_

### Edits/Cancellations:

To discontinue your commitment, notify [stacy@ipha.org](mailto:stacy@ipha.org) and we will pro-rate your prior invoicing (if any) at the shorter run rate. Ad edits or cancellations MUST be sent prior to the ad/content deadline.

### Payment:

Billing for multiple runs is net 30 and sent quarterly. Your credit card information is required to reserve your spot for multiple runs. \*Fee for ad build will appear on second billing. By signing below, **you authorize IPHA to charge the amount due to your credit card if another form of payment is not received by the ad deadline for the issue in which payment is due.**

## Step 5 Make payment:

Total due for initial run (Step 4-D):

Check enclosed, #: \_\_\_\_\_

Please charge my:    AmEx    MC    Visa

Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

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

## Step 6

Send this completed agreement along with payment for your first ad to:

Illinois Pharmacist  
204 West Cook Street  
Springfield, IL 62704

Or, if CC payment,  
you may fax to:  
(217) 522-7349