

2009 Advertising Contract

The American Acupuncturist (Readership 18,000+)

Non-Members Annual Contracts:
 Receive a 5% discount by signing up for any 4 ads at one time!
Business Members: Receive an extra 5% discount, for a total of 10% by signing up for any 4 ads at one time!

Name _____ Title _____
 Company _____ Phone _____
 Address _____ Email _____
 City/St/Zip _____ Signature _____

Space Reservation (PLEASE USE A SEPARATE SHEET FOR EACH AD)

SIZE/COLOR (Check One)	INSERTIONS (Check One)	
BLACK AND WHITE	<input type="checkbox"/> One Time	<input type="checkbox"/> Multiple _____ times
1/6 page (2.3" x 4.75")	<input type="checkbox"/> One Time	<input type="checkbox"/> Multiple _____ times
1/4 page (4" x 5.25")	<input type="checkbox"/> One Time	<input type="checkbox"/> Multiple _____ times
1/3 page (4.75" x 4.75")	<input type="checkbox"/> One Time	<input type="checkbox"/> Multiple _____ times
1/2 page (7.35" x 4.75")	<input type="checkbox"/> One Time	<input type="checkbox"/> Multiple _____ times
Full page (no bleeds) (7.35" x 9.63")	<input type="checkbox"/> One Time	<input type="checkbox"/> Multiple _____ times
Calendar of Events Listing (Billed for number of lines used after ad copy is set.)	<input type="checkbox"/> One Time	<input type="checkbox"/> Multiple _____ times
Classified (50 words = 1 Unit) (2.3")	<input type="checkbox"/> One Time	<input type="checkbox"/> Multiple _____ times

Rates (SINGLE ISSUE PRICE)

AAAOM Member	Non-Member
B&W	
\$378	\$491
\$459	\$594
\$540	\$702
\$778	\$1,011
\$1,237	\$1,608
\$27/line	\$43/line
\$50/unit*	\$65*

FULL COLOR (CMYK)

1/2 page (7.35" x 4.75")	<input type="checkbox"/> One Time	<input type="checkbox"/> Multiple _____ times
Full page (no bleeds) (7.35" x 9.63")	<input type="checkbox"/> One Time	<input type="checkbox"/> Multiple _____ times
Center Insert (Advertiser provides insert)	<input type="checkbox"/> One Time	<input type="checkbox"/> Multiple _____ times
Inside Front Cover – Full Page	<input type="checkbox"/> One Time	<input type="checkbox"/> Multiple _____ times
Inside Back Cover – Full Page	<input type="checkbox"/> One Time	<input type="checkbox"/> Multiple _____ times
Full page back cover (8.5" x 11" trim)	<input type="checkbox"/> One Time	<input type="checkbox"/> Multiple _____ times

Color

\$913	\$1,187
\$1,409	\$1,833
\$2,430**	N/A
\$2,160	\$2,646
\$1,944	\$2,430
\$1,944	\$2,430

*Classifieds:
 American
 Acupuncturist
 Only - 50
 words/per unit

 **Members
 Only Benefit

Placement and Art Submission Deadlines

ISSUE	SPACE REQUESTS MUST BE RECEIVED BY	ART MUST BE RECEIVED BY
March 2009	January 15, 2009	January 30, 2009
June 2009	March 15, 2009	March 30, 2009
September 2009	June 15, 2009	June 30, 2009
December 2009	September 15, 2009	September 30, 2009

PLEASE NOTE: ISSUES MAIL-OUT DATES: 3-31, 6-30, 9-30 AND 12-31

Payment Information

The advertiser agrees to pay, and will assume the responsibility for payment by the advertiser's authorized agent, for all space used in accordance with this Advertising Space Request Form. No cancellations will be accepted after the space request deadline for the appropriate issue. The advertiser agrees that new ads for contracted space must be submitted by the art submission deadline, or copy appearing in the previous issue will be inserted. The editors reserve the right to reject any advertisement that does not meet the standards of *The American Acupuncturist*. Ad material will not be returned unless specifically marked.

CLASSIFIED & CALENDAR OF EVENTS SUBMISSIONS: Classified and Calendar of Events text must be submitted via our online submission form, by the art deadline. All other ads must be received on digital media by the art deadline.

PAYMENT: Ad Contracts must be accompanied by payment. Please make checks payable to AAAOM.

CANCELLATION POLICY: No cancellations will be accepted after the space request deadline.

ART GUIDELINES: ACCEPTABLE MEDIA and FORMATS: CD or e-mail, Adobe Illustrator, Adobe Photoshop (300dpi; CMYK; JPG, .TIF or .EPS), Quark or high resolution PDF. Include all fonts and graphic components.

Send to:



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 dnewton@aaaomonline.org

Sub-Total Amount: _____ Check Credit Card **Credit Cards Accepted:**
 Discount: (0-10%) _____ **Visa/MC/Discover/Amex**
 Total Due: _____
 Card #: _____ Exp Date: _____
 Name on Card: _____
 Signature: _____