

2022 Directory of Physicians

The official publication of the Monroe County Medical Society

The Publication

The 2022 Directory of Physicians is a 6" x 9," spiral-bound, 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

November 28, 2021

All other space reservations are due

December 18, 2022

Final art and payment deadline is

December 21, 2021

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"
Binding: spiral bound
Circulation: 1,200
Published: April 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





2022 Membership Directory

*The official directory of
Monroe County Medical Society*

Existing premium position holders must have their contract in by **November 28, 2021**.
All other space reservations are due **December 18, 2021**. Final art and payment deadline is **December 21, 2021**.

2022 Advertising Contract

You are authorized to insert the following advertisement in the 2022 Directory of Members, published in January 2022. 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 \$ _____

CREDIT CARD # _____ EXP. DATE _____ Verification Code: _____

NAME ON CARD (Please PRINT) _____

ADDRESS ASSOCIATED WITH CARD _____

- 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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 TEL. (585) 473-7573 • FAX (585) 473-7641
 www.mcms.org • jcasasanta@mcms.org