



# MCMS Website - 2022

OFFICIAL SITE OF THE MONROE COUNTY MEDICAL SOCIETY

[www.mcms.org](http://www.mcms.org)

## WEBSITE ADVERTISING - BANNER ADS

Advertising on the MCMS web site is an easy way to be noticed by:

- physicians
- practice management staff
- patients
- general public

The Monroe County Medical Society website is a valuable resource to Rochester physicians, their office staff, and the medical community. The robust site, receives 5,000 page views each month, provides current and accurate information on upcoming events, community health alerts, managed care news, legislation affecting healthcare and more. Physicians and their staff log into the website regularly to manage their own online profile, access member resources, and register for programs. Patients and the general public visit our site to use our Find a Physician feature.

## RATES AND REQUIREMENTS

Tools, news updates, and other resources to assist physicians and their administrative staff in managing a practice.

Advertising Rates (per month)	1-2 months	3-5 months	6-12 month
Full Banner (600 x 72 pixels)	\$300	\$250	\$200

## Website Banner Ad Insertion Order Form

I agree to insert a banner ad on the MCMS website for \$\_\_\_\_\_ per ad during the following months:

- |                   |                 |                    |
|-------------------|-----------------|--------------------|
| ___ January 2022  | ___ May 2022    | ___ September 2022 |
| ___ February 2022 | ___ June 2022   | ___ October 2022   |
| ___ March 2022    | ___ July 2022   | ___ November 2022  |
| ___ April 2022    | ___ August 2022 | ___ December 2022  |

Total Cost: \$\_\_\_\_\_

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 for the amount of \$\_\_\_\_\_

CREDIT CARD # \_\_\_\_\_ EXP. DATE \_\_\_\_\_ Security Code: \_\_\_\_\_

CARDHOLDER NAME (Please PRINT) \_\_\_\_\_

ADDRESS ASSOCIATED WITH CARD \_\_\_\_\_

- Please e-mail a receipt.