

# Louisiana Veterinary Medical Association

## LOUISIANA VETERINARIAN ADVERTISING AGREEMENT

ADDITIONAL 20% OFF FOR MEMBERS ON 6 ISSUES PROCESS COLOR!

### Price per Issue

	1 X Rate	3 X Rate 10% off	6 X Rate 20% off
<b><u>BLACK &amp; WHITE</u></b>			
Full Page (7 ½" x 9 ¾")	___\$400.00	___\$360.00	___\$320.00
Half Page (7 ½" x 4 7/8")	___\$240.00	___\$216.00	___\$192.00
One Third Page (7 ½" x 3 ¼")	___\$175.00	___\$157.50	___\$140.00
One Third Page (5" x 4 7/8" vertical)	___\$175.00	___\$157.50	___\$140.00
One Fourth Page (7 ½" x 2 ½")	___\$140.00	___\$126.00	___\$112.00
One Fourth Page (5" x 3 5/8" vertical)	___\$140.00	___\$126.00	___\$112.00

### SPOT COLOR

Full Page (7 ½" x 9 ¾")	___\$500.00	___\$450.00	___\$400.00
Half Page (7 ½" x 4 7/8")	___\$375.00	___\$337.00	___\$300.00
One Third Page (7 ½" x 3 ¼")	___\$275.00	___\$247.50	___\$220.00
One Third Page (5" x 4 7/8" vertical)	___\$275.00	___\$247.50	___\$220.00
One Fourth Page (7 ½" x 2 ½")	___\$250.00	___\$225.00	___\$200.00
One Fourth Page (5" x 3 5/8" vertical)	___\$250.00	___\$225.00	___\$200.00

### PROCESS COLOR

Full Page (7 ½" x 9 ¾")	___\$750.00	___\$675.00	___\$600.00
Half Page (7 ½" x 4 7/8")	___\$500.00	___\$450.00	___\$400.00
One Third Page (7 ½" x 3 ¼")	___\$425.00	___\$382.50	___\$340.00
One Third Page (5" x 4 7/8" vertical)	___\$425.00	___\$382.50	___\$340.00
One Fourth Page (7 ½" x 2 ½")	___\$400.00	___\$360.00	___\$320.00
One Fourth Page (5" x 3 5/8" vertical)	___\$400.00	___\$360.00	___\$320.00

### COVER POSITIONS (Full Process Color ONLY)

(Limited Availability)

Inside Front	___\$875.00	___\$787.50	___\$700.00
Back Cover	___\$895.00	___\$805.50	___\$716.00

### Full Page COLOR insert (Limited Availability)

One sided copies provided by advertiser	___\$300.00 per issue
One sided copies provided by LVMA	___\$600.00 per issue

### CLASSIFIED FEES

Non Members	___\$0.75 per word
Members	___50 Free words (\$0.75 per additional word)
Web Classified	___\$50.00/month (10% off 1 year commitment!)

**TERMS:**

Advertisements are issued on a first come-first served basis depending on availability.

By signing this contract, advertiser agrees to remit payment for each advertisement as designated above. All artwork sent to the LVMA for advertising purposes must be received by the deadlines noted on the next page. LVMA reserves the right to cancel or reject advertisements, without notice for the convenience of the LVMA, and refund any payments made.

It is recommended that all artwork sent to the LVMA to be published in The Veterinarian be provided in a high resolution TIFF or PDF file. All images should be 300 dpi or greater to ensure high quality results. By sending the file in a different format than the ones listed above, advertiser understands that the quality of the advertisement may not be satisfactory at time of printing. The LVMA will not refund payments of advertisements that are unsatisfactory due to the low resolution of the provided artwork.

**DEADLINES:**

*Advertisements*

January/February Newsletter:	December 15th
March/April Newsletter:	February 15th
May/June Newsletter:	April 15th
July/August Newsletter:	June 15th
September/October Newsletter:	August 15th
November/December Newsletter:	October 15th

\* Artwork received by these dates will be included in the printing of the newsletter for the month immediately following the deadline date, unless otherwise noted.

## Payment and Signature

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Please circle the month(s) you prefer:

Issues are published:    **January**    **March**    **May**    **July**    **September**    **November**

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

Member                       Non Member

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

Address: \_\_\_\_\_

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

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

Please make checks payable to: Louisiana Veterinary Medical Association

Mail to: 8550 United Plaza Blvd., Ste. 1001, Baton Rouge, LA 70809

Phone: 225-928-5862    Fax: 225-408-4422

Email: [office@lvma.org](mailto:office@lvma.org)

Card Type:    \_\_\_ American Express    \_\_\_ MasterCard    \_\_\_ Visa    \_\_\_ Discover

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

Amount to be charged: \$ \_\_\_\_\_ Signature: \_\_\_\_\_

*\*Please attach wording for classified advertisements to this form and send with payment.*