

VETERINARY EMERGENCY & CRITICAL CARE SOCIETY

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Executive Director: Dr. Gary L. Stamp

Advertising Coordinator: Kelli Collier



2008 JVECC ADVERTISING INSERTION ORDER

INSERTION ORDER AND AD MATERIAL DEADLINES:

FEBRUARY ISSUE: 12/20/07 APRIL ISSUE: 2/20/08 JUNE ISSUE: 4/20/08 AUGUST ISSUE: 6/20/08 OCTOBER ISSUE: 8/20/08 DECEMBER ISSUE: 10/20/08

	B/W		4C	
	1x - 3x	(cost per issue) 4x - 6x	1x - 3x	(cost per issue) 4x - 6x
Full page (<i>Preferred Placement - Front of Publication</i>)	\$635	\$545	\$1145	\$1035
Half page (<i>ROP-will be placed at publishers discretion</i>)	\$425	\$345	\$765	\$655
Quarter page (<i>ROP-will be placed at publishers discretion</i>)	\$330	\$275	\$594	\$525
2 nd cover (<i>inside front</i>)				SOLD
3 rd cover (<i>inside back</i>)				SOLD
4 th cover (<i>outside back</i>)				SOLD

NOTE:

Preferred placement (PP): Advertises to be placed in the front of the publication, typically within the first 15 pages or the publication cover. Preferred placement is assigned on a first-come/first-served basis, with preference given to those advertisers who have run ads consistently in previous volumes/issues of JVECC.

Run of press (ROP): We reserve the right to determine ad placement.

B/W: Ad will be run in black and white.

4C: Ad will be run in color.

Page Sizes	Type Area	Bleed
Trim Size	8-1/4" x 10-7/8"	
Spread	15" x 10"	16-3/4" x 11-1/2"
Full Page	7" x 10"	8-1/2" x 11-1/4"
1/2 Page Horizontal	7" x 5"	8-1/2" x 5-5/8"
1/2 Page Vertical	3-1/2" x 10"	4-1/4" x 11-1/4"
1/4 Page	3-1/2" x 5"	
Keep live matter 1/2" from trim edges.		
Bleeds should be 1/8" on all sides		

TERMS AND CONDITIONS:

Insertion Rates are shown as per-insertion rates. All advertising must be confirmed by a written insertion order. JVECC does not extend agency commissions.

PLEASE COMPLETE THE INFORMATION BELOW FOR AD PLACEMENT IN THE VECCS JOURNAL:

Please check all that apply:

Issue(s) Ordered: FEB APRIL JUNE AUGUST OCTOBER DECEMBER Cost Per Issue: \$ _____

BW or Color Ad: BW 4C Ad Size: Full Half Quarter Special Instruction: _____

Advertiser Name: _____

Advertising Contact Name: _____

Billing Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____ Email: _____

Signature: _____ Date: _____

Check/credit card information for payment must accompany ad for first-time advertisers. (Current advertisers will be invoiced.):

Method of payment (please check one): Check enclosed: _____ Visa: _____ MasterCard: _____ American Express: _____

Card Number: _____ Expiration Date: _____/_____/_____ 3-Digit Code _____

Name on Card: _____