

2010 Rate Card

Rates (B&W Only)

****Pricing in black is for PHA members ONLY**

****Pricing in red is for non-members**

Ad Size	1X	2X	3X	4X
1/4 Page	\$400 \$450	\$375 \$425	\$350 \$400	\$325 \$375
1/3 Page	\$450 \$525	\$425 \$500	\$400 \$475	\$375 \$450
1/2 Page	\$525 \$600	\$500 \$575	\$475 \$550	\$450 \$525
2/3 Page	\$600 \$800	\$575 \$775	\$550 \$750	\$525 \$725
Full Page	\$800 \$1,050	\$775 \$1,025	\$750 \$1,000	\$725 \$975
DPS	\$1,250 \$1,500	\$1,225 \$1,475	\$1,200 \$1,450	\$1,175 \$1,425

*These are the B&W rates of each ad size. If you wish to do a color advertisement, please add \$75 on to the pricing for each advertisement.

Cover Rates (Full page, Includes Color & Bleed)

Outside Back	\$1,650 \$2,000	\$1,625 \$1,975	\$1,600 \$1,950	\$1,575 \$1,925
Inside Front	\$1,300 \$1,650	\$1,275 \$1,625	\$1,250 \$1,600	\$1,225 \$1,575
Inside Back	\$1,300 \$1,650	\$1,275 \$1,625	\$1,250 \$1,600	\$1,225 \$1,575

*Cover spaces are available on a first come first serve basis and must be secured in writing, and thereafter non-cancelable.

Color Rates

Four Color \$75 additional for each paid ad

Terms: Payment is due upon receipt of invoice. 2% per month interest on accounts over 30 days will be applied.

Sizes

Ad Size	Width	Depth
DPS	16.5	10.75
*Add 1/8 inch bleed to all sides of the ad		
Full Page Bleed	8.25	10.75
*Add 1/8 inch bleed to all sides of the ad		
Full Page (Non-bleed)	7.25	9.75
2/3 Page Vertical	4.75	9.625
1/2 Page Horizontal	7.25	4.5
1/2 Page Vertical	4.75	7
1/3 Page Square	4.75	4.75
1/3 Page Vertical	2.25	9.625
1/4 Page Horizontal	4.75	3.25
1/4 Page Vertical	3.5	4.5

Trim Size.....8.25 X 10.75

*When creating bleeds it is important to keep all text or important graphics within 1/4 of an inch inside the suggested trim size.

Material Requirements (IMPORTANT):

Color Mode: CMYK

Resolution: 300 dpi

Preferred File Types: PDF, EPS, TIF

Other Programs: InDesign CS2, QuarkXPress 6.5, Illustrator CS2, Photoshop CS2 (must send all links and fonts--convert fonts to outlines in Illustrator).

LINKS MUST BE EPS or TIF files.

***** (NO JPEG or GIF files) *****

Fonts: Do not use Multiple Master (MM) fonts-- unless converting to outlines or saving as a Photoshop EPS. Type 1 (postscript) fonts must have both screen and printer fonts.

Submission of ad: To be sent on CD or emailed as a high-resolution PDF or a compressed (ZIP or SIT) file (Compressed files must be under 7MB if emailed). Please supply a black & white or color proof.

PDFs: Please embed fonts when sending PDFs.

Physician Hospitals of America
5900 S. Western Ave, Ste 102
Sioux Falls, SD 57108
Phone: (605) 275-5349
Fax: (605) 731-2575
Email: info@physicianhospitals.org



2010 Pulse Order Summary

Company Name: _____		
Contact: _____		
Address: _____		
City: _____	State / Province: _____	ZIP / Postal Code: _____
Phone: _____	Fax: _____	
E-Mail Address: _____		

Cost Description	
Ad Size/Shape:	_____
# of times per year:	_____
Color (\$75 per ad):	\$ _____
Total Cost	\$ _____

Please Sign & Fax Back To:	
(605) 731-2575	
I agree to all the terms of the rate sheet and this contract as applicable for my company. Should we decide not to place an advertisement, I am aware that we are still responsible for the pre-determined amount listed.	
Auth. Signature:	_____
Title:	_____ Date: _____

Payment Information	
Mail to: PHA, 5900 S. Western Ave, Ste 102, Sioux Falls, SD 57108	
Enclosed is a check payable to PHA. Check # _____	
Fax to: Fax Order Summary with credit card information to (605) 731-2575	
Credit Card Type (Circle One):	VISA MasterCard AmericanExpress Discover
Credit Card # _____	Exp. _____
Name as it appears on Credit Card: _____	
Signature: _____	
Email Address to send CC receipt: _____	