



**FLORIDA OSTEOPATHIC  
MEDICAL ASSOCIATION**

# THE FOMA JOURNAL

Published by the  
Florida Osteopathic Medical Association  
2544 Blainstone Pines Drive  
Tallahassee, Florida 32301  
(850) 878-7364 Email: [fomapr@foma.org](mailto:fomapr@foma.org)

The FOMA Journal is the official publication of the Florida Osteopathic Medical Association, the fourth largest Osteopathic Association in the United States. The Journal is published 3 times a year and is circulated to FOMA Members including physicians, lifetime members, active/retired military members, public health members, and student members. The Journal contains technical and nontechnical information of direct interest to the Osteopathic Profession. This includes information on health research, risk management, professional relations, and other health related issues. The Journal has a circulation of over 3,200.

## PUBLISHING SCHEDULE AND CLOSING DATES

Issue	Copy Deadline
Spring (April).....	March 15
Summer/Fall (September).....	August 15
Winter (January).....	December 15

Cancellations for space reservations are not accepted after due dates. Advertisers canceling after cutoff dates will be billed for space ordered.

## CONTRACT INFORMATION

The Journal's Editorial Committee reserves the right to reject any advertising considered to be objectionable as to wording, content, or appearance. The Journal's Editorial Committee also reserves the right to place the word "advertisement" on any ad which it believes to resemble editorial material. All advertisements are accepted and published upon the representation that the advertiser and agency, if one, is/are authorized to publish the entire contents and subject matter thereof. In consideration of the publisher's acceptance of such advertisements for publication, the advertiser and agency, if one, will indemnify and hold the publisher harmless from and against any loss or expense resulting from claims or suits for defamation, libel, violation of privacy, plagiarism and/or copyright infringement. Publisher is not responsible for any errors in key numbers. Any required modification of copy submitted as camera ready will be charged to the advertiser.

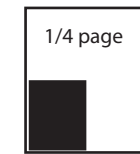
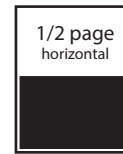
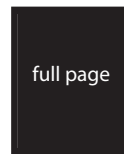
## GENERAL ADVERTISING INFORMATION

Only PC Digital Files are accepted by e-mail or drop-box. Accepted formats are Adobe Illustrator, PDF, EPS, TIFF, or JPG: file resolution must be 300 dpi. Please provide a hard copy. If you use a MAC, please send your file as a PDF. Email to [fomapr@foma.org](mailto:fomapr@foma.org)

Placement of the advertisement is at the sole discretion of FOMA unless a special position is contracted. Add 15% rate for special positions. The inside cover and back cover (1/2 page ad) are both considered special positions.

## AD SPECIFICATIONS

Full Page.....	7 1/2 x 10
Full page trim size / Full Bleed .....	8 1/2 x 11
1/2 Page	
Horizontal.....	7 1/2 x 4 7/8
Vertical .....	3 3/4 x 10
1/4 Page.....	3 5/8 x 4 7/8



## BILLING INFORMATION

All payments are due within 15 days of the date of the invoice. Past due invoices are subject to a 2% per month service charge.

## ADVERTISING RATES\*

	<u>Non-Member</u>	<u>Member</u>
Full Page.....	\$1,500	\$750
1/2 Page.....	\$1,000	\$500
1/4 Page.....	\$750	\$375

\*Additional charges may apply for typesetting/layout

\*Deduct 10% if exhibitor or sponsor at current year's convention/ seminar

\*Deduct 10% if four ads prepaid in advance

# Advertising Contract

Advertiser/Client: (Please Print)

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Contact Person/Authorization \_\_\_\_\_ Title \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## Space Ordered:

- Full Page
- 1/2 Page horizontal
- 1/2 Page vertical
- 1/4 Page

Comments: \_\_\_\_\_  
\_\_\_\_\_

## The FOMA Journal

Address All Orders & Correspondence to:  
The Journal

The Florida Osteopathic Medical Association  
2544 Blairstone Pines Drive, Tallahassee, Florida 32301  
(850) 878-7364 fax: (850) 942-7538

\*\* Email artwork files to: [fomapr@foma.org](mailto:fomapr@foma.org)

## Edition:

- Winter
- Summer/Fall
- Spring

## Cost:

Rate per ad \$ \_\_\_\_\_

# issues to run x \_\_\_\_\_

Special discounts/charges...  
(preferred position, etc.) (-) (+) \_\_\_\_\_

Total due = \_\_\_\_\_

Please submit payment with advertising contract

## Specifications:

- Black and white
  - 4 color process
- Other information:
- Ad(s) enclosed
  - Ad(s) sent by email
  - Ad(s) will follow
  - Preferred position wanted on page \_\_\_\_\_

Payment Method: Check \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ American Express \_\_\_\_\_

Card Number: \_\_\_\_\_ V-code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I hereby authorize the FOMA/Journal to run the ad(s) stated above in the desired issues. I have read the contents of this rate card and agree to abide by the conditions set forth therein.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Name/Title (print)

\_\_\_\_\_  
Date