Massachusetts Veterinary Medical Association

Digital and Print Advertising Opportunities

Advertising with the MVMA means your information can be seen by over 1,600 veterinary professionals in Massachusetts and beyond! MassVet News features updates, insights, and general interest columns for people at all stages of their career. Showcase your company's ad in our printed newsletter or submit a logo for a clickable link in our digital e-news...or do both!

Publication schedule for print and e-news:
(payment and submission deadlines in parentheses)

February (January 5)
April (March 5)
June (May 5)
August (July 5)
October (Sept 5)
December (Nov 5)

Print Only	Size	1 Issue
1/4 Page (Vertical)	3.5" wide x 5.0" high	$300
1/2 Page (Horizontal)	7.5" wide x 5.0" high	$450
Full Page	7.5" wide x 10.0" high	$650

*Specs: 300 dpi, JPG file, full color *Ads print in black and white but appear in full color on the digital version.

E-Newsletter Only	1 Email Blast
Logo w/link to website	$200

Submit your ad/logo to admin@massvet.org by the deadlines above.

Advertising is at MVMA's discretion, as space permits. MVMA reserves the right to edit or omit any ad, and is not liable for misprints, errors, or omissions.

Massachusetts Veterinary Medical Association

MVMA Advertising Enrollment Form

Email form to: admin@massvet.org
Mail form to: 163 Lakeside Avenue, Marlborough, MA 01752
Fax form to: (508) 460-9969

Contact Person: _____

Business Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____ **Phone:** _____

MassVet News

1/4 Page Ad	1/2 Page Ad	Full Page Ad
☐ 1 Issue - $300	☐ 1 Issue - $450	☐ 1 Issue - $650

In which issue(s) would you like your display ad to appear?
☐ February ☐ April ☐ June ☐ August ☐ October ☐ December

E-Newsletter

1 Email Blast
☐ $200

In which issue(s) would you like your E-blast to appear?
☐ February ☐ April ☐ June ☐ August ☐ October ☐ December

Billing information

Name on Card (printed): _____

Authorized Signature: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Credit Card: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ Expires: __ __ / __ __

CVV-Code: __ __ __ __ (last 3 digits in signature box; for Amex, 4 digits above the card number)

Fee Total $ _____