AMSA – 2013 ADVERTISING CONTRACT

SECTION 1: Advertiser Information

Advertiser _____
Contact Person _____
Address _____
City _____
State ____ Zip _____ Country _____

Website _____
Facebook Page _____
Twitter Handle _____
Phone (_____) _____
Fax (_____) _____
E-mail _____

SECTION 2: Agency* Information (*Complete only if applicable.*)

Agency _____
Address _____
City _____
State _____ Zip _____

Contact Person _____
Phone (_____) _____
Fax (_____) _____
E-mail _____

Any person or entity signing this Agreement as an advertising agency on behalf of the advertiser (the "Agency) represents and warrants that such person or entity has full power and authority as an agent of the Advertiser to bind Advertiser to the payment terms contained on this contract.

SECTION 3: Ad Information (*Check all that apply. Indicate ad rerun.*)

Publication	Ad Size*	Contract Deadline	Art Deadline	Rate*	Ad Rerun Issue
❑ 2013 AMSA Convention	_____	1/4/13	1/14/13	$_____	
❑ IFMSA MM2013 USA	_____	1/4/13	1/14/13	$_____	
❑ TNP, January-February	_____	11/15/12	11/22/12	$_____	_____
❑ TNP, March-April	_____	1/10/13	1/17/13	$_____	_____
❑ TNP, Summer	_____	3/19/13	3/26/13	$_____	_____
❑ TNP, September	_____	7/3/13	7/11/13	$_____	_____
❑ TNP, October	_____	8/8/13	8/15/13	$_____	_____
❑ TNP, November-December	_____	9/12/13	9/19/13	$_____	_____
❑ TNP, Digital Upgrade: Bellyband – Issue(s) _____				$_____	
❑ TNP, Digital Upgrade: Side-Rails – Issue(s) _____				$_____	
❑ TNP, Digital Upgrade: Multi-Link – Issue(s) _____				$_____	
❑ AMSA.ORG Premium Package – Number of Months _____				$_____	
❑ AMSA.ORG Selected Internal Tab Package – Number of Months _____				$_____	
			Total Amount Due =	$_____	

*Refer to *The New Physician* Media Kit, AMSA Convention Exhibitor Prospectus, and IFMSA MM2013 USA Sponsorship Invitation for ad sizes and rates.

SECTION 4: File Requirements

All ads must be submitted as press-ready PDFs with hi-res images that are at least 300 dpi. Fonts must also be embedded. Do NOT include printer's marks (crop marks, registration marks, etc.) in the file. All ads must use CMYK color only. RGB color or spot colors (such as Pantone colors) are NOT acceptable. Do NOT include a bleed with fractional ads (anything smaller than a full page). All fractional ads must be contained in a box.

Submit all ads to the following ftp server by downloading PDF file to:
Ftp server= ftp.thenewphysician.com
Username = adv@thenewphysician.com
Password = HH1AxE2c.

All advertising is subject to the publisher's approval and the publisher reserves the right to reject any advertising. Any ad alternations are the responsibility of the advertiser. AMSA is not responsible for storing any files after its last use. Files will not be returned.

SECTION 5: Payment Terms

Advertisers are billed on the first day of the month of publication. Payment is due within 30 days of the invoice date. In the event an account becomes 60 days past due (90 days from original invoice), the advertiser will be informed in writing that unless payment is received, all scheduled advertising will be cancelled. AMSA employs a collection agency for overdue accounts. Prepayment is required of all new advertisers. Payment may be in the form of a check made payable to AMSA or with credit card (VISA, MasterCard, American Express). Cash is NOT an acceptable payment form. All payments must be in U.S. currency only.

SECTION 6: Authorization

I hereby acknowledge that I am authorized on behalf of the advertiser listed to complete and return this contract. I have read, understand and agree to the File Requirements, Payment Terms and Contract Terms and Conditions. Acceptance of this contract does not waive the right of AMSA to reject any contract for space.

Authorized Signature _____ Printed Name _____
Title _____ Date _____

METHOD OF PAYMENT *(Choose one option: invoice or credit card.)*

[ ] Invoice my company at the address listed above. I understand the payment terms contained on this contract.

[ ] Payment by Credit Card: (Check one.)
[ ] VISA [ ] MasterCard [ ] American Express

Amount to be charged $ _____ Expiration Date _____ Charge Card # _____ Security Code _____
Name of Cardholder _____ Signature of Cardholder _____

Keep a copy for your records.

Mail, fax or e-mail contract to:
Sandy Fridy, Advertising Manager, AMSA, 45610 Woodland Road, Suite 300, Sterling, VA 20166, Fax: (703) 620-6445, E-mail: sfridy@amsa.org