

# NORTH CAROLINA MEDICAL JOURNAL INSERTION ORDER FOR DISPLAY ADVERTISING

Date: \_\_\_\_\_

Advertiser: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_  
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Agency: \_\_\_\_\_ Contact: \_\_\_\_\_

Agency Address: \_\_\_\_\_  
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Ad size: \_\_\_\_\_ Frequency: \_\_\_\_\_

Check all that apply: 4/color  B&W  Bleeds  Preferred Page Position \_\_\_\_\_ (see General Terms and Conditions page 4, number 5)

Format supplied: \_\_\_\_\_ Client supplied proof type: \_\_\_\_\_

Begin with \_\_\_\_\_ or first issue following.  
 Month/year  
 Continue as per contract schedule (below):  
 Send NC Medical Journal electronic proof to: Advertiser \_\_\_\_ Agency \_\_\_\_ Both \_\_\_\_

UNIT RATE  
 (JOURNAL)  
 \$ \_\_\_\_\_

**INSERTIONS** (check all applicable)

YEAR	JAN/FEB	MAR/APR	MAY/JUN	JUL/AUG	SEP/OCT	NOV/DEC

Advertiser agrees to purchase advertising space in the *North Carolina Medical Journal* in the size, frequency, and rate shown above. The rate is based on the number of insertions indicated and will be adjusted if the Advertiser cancels before fulfilling that number. Cancellations, postponements, or changes must be received in writing the first day of the month preceding the month of publication. The Journal reserves the right to repeat previous insertion if changes, cancellations, or postponements are not received by that date. Advertiser agrees to remit within 30 days of receipt of the invoice all charges for each insertion. The invoice will be mailed at the time of publication, along with a copy of the issue in which the advertisement appears.

REMARKS \_\_\_\_\_  
 \_\_\_\_\_

**Please return to:**  
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*North Carolina Medical Journal*  
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 Morrisville, NC 27560  
 919/401-6599 ext. 27  
 919/401-6899 fax  
 phyllis\_blackwell@nciom.org

APPROVED: \_\_\_\_\_  
*Signature of Advertiser/Agent*

APPROVED: \_\_\_\_\_