



TNMED.ORG/ADVERTISE

ORDER FORM

This contract hereby authorizes my advertisement(s) to appear in Tennessee Medicine, in the TMA Member News, on TMA-managed social media sites, within the TMA Marketplace or in any combination as indicated below.

TMA MARKETPLACE

Logo with special offer to TMA members featured at www.tnmed.org/marketplace - **\$500 for 12 months**

I agree to pay **\$500 for a 12-month appearance on the TMA marketplace** from _____ (start date) to _____ (end date).

Email logo, link to company site and description of offer to TMA members to katie.brandenburg@tnmed.org.

TMA MEMBER NEWS

Logo/ad in TMA Member News - **\$500 per appearance**

• Maximum of 12 times per year • Limited space available

I agree to pay \$_____ for _____ appearances in 2017.

Dates of appearance: _____

Email logo, link to company site and description of offer to TMA members to katie.brandenburg@tnmed.org.

TMA SOCIAL MEDIA



@tnmed



/TNMed

Social media posts to be posted from TMA's Twitter (@tnmed) and Facebook (facebook.com/TNMed) accounts. (Send your company's offer and link to communications@tnmed.org.)

Frequency	Facebook and Twitter	Select Your Choice
1x	\$250	<input type="checkbox"/>
2x	\$500	<input type="checkbox"/>
3x	\$900	<input type="checkbox"/>
4x	\$1,750	<input type="checkbox"/>

I agree to pay \$_____ for _____ appearances in 2017. from _____ (start date) to _____ (end date).

Email your company's message(s) and corresponding link(s) for each appearance with preferred dates to communications@tnmed.org.

TENNESSEE MEDICINE MAGAZINE

Tennessee Medicine Magazine Ad Rates (published in both print and digital options)

FULL PAGE 7" x 10"

Check all that apply	QTR 1	QTR 2	QTR 3	QTR 4	
1x - \$1,750	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check one
2x - \$3,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check two
3x - \$3,900	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check three
4x - \$4,800	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check all four

1/2 PAGE Horizontal: 7" x 4.75" 1/2 Vertical: 3.25" x 9.625"

Check all that apply	QTR 1	QTR 2	QTR 3	QTR 4	
1x - \$1,250	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check one
2x - \$2,250	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check two
3x - \$3,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check three
4x - \$3,500	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check all four

1/4 PAGE Horizontal: 7" x 2.25" 1/2 Vertical: 3.25" x 4.75"

Check all that apply	QTR 1	QTR 2	QTR 3	QTR 4	
1x - \$750	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check one
2x - \$1,250	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check two
3x - \$1,650	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check three
4x - \$2,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check all four

TENNESSEE MEDICINE E-JOURNAL SPONSORSHIP

Annual e-Journal sponsorship - \$5,000 ejournal.tnmed.org

- Students and residents from sponsoring programs will receive priority publication of articles accepted to the e-Journal.
- Sponsors will be listed in the print and online versions of Tennessee Medicine magazine (print circulation of more than 6,000) and will be identified as sponsors on the e-Journal home page with a logo and link to a preferred website.
- Sponsors will also receive quarterly recognition in TMA's Member News electronic newsletter, which has a circulation of nearly 6,000 to physicians and medical professionals.
- Sponsors can promote their support of Tennessee Medicine's e-Journal as an outlet for their medical students and resident physicians to get published, illustrating the sponsoring organization's commitment to education and professional development.
- Optional seat on the editorial review panel

I agree to pay **\$5,000 for the e-Journal sponsorship** from _____ (start date) to _____ (end date).



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AGREEMENT

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MARKETING TO TMA MEMBERS

Advertiser Information - All advertisements are subject to approval by TMA			
Company Name:		Contact (name):	
Agency Name:		Contact (title):	
Billing Address:			
Email Address:			
Phone:		Fax:	
Authorized Signature:			Date:
Payment Options: <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX	Card #:	Exp. Date:	Security Code:
Grand Total from Above: (Amount Authorized to Bill) \$ _____			

I agree to pay this amount for the indicated advertisement(s). All first-time advertisers must include payment with signed contract. If applicable, I agree to make all subsequent payments in full within 30 days of date on invoice. If a payment is not made within 30 days of date on invoice, I understand that the amount of the next immediate invoice will be increased by ten (10) percent as a penalty for late payment. If payments are not made within 60 days of date on invoice, TMA reserves the right to omit above indicated advertising and charge for all previous insertions at earned rates.

If advertisement is discontinued before completion of contract, I agree to pay earned rate for space used. I understand the content from most recent ad will be repeated until new copy or instructions are received, and all copy and size changes must be indicated to the publisher prior to closing date of each issue. I understand that all advertising is subject to approval by the Tennessee Medicine Editorial Board.

I agree that this contract cannot be terminated unless TMA is given written notice, at least 60 days prior to space deadline. A cost per insertion is to be paid within 15 days of bill.

Return options:

- 1) Make check payable to Tennessee Medical Association and mail with form to the address below.
- 2) Fax to the attention of Michael Hurst at 615.312.1900.
- 3) Request invoice.

For security: please do not email sensitive credit card information.

Mail to:

Tennessee Medical Association
2301 21st Avenue South
Nashville, TN 37212-0909

*For all other questions contact
Michael Hurst, Business Development Director,
at 615.460.1646 or michael.hurst@tnmed.org.*