



TNMED.ORG/ADVERTISING

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

ORDER FORM & CONTRACT

TENNESSEE MEDICINE MAGAZINE Tennessee Medicine Magazine Ad Rates (Published in both print and digital)

FULL PAGE AD: 7" x 9.625"					
	Quarter 1	Quarter 2	Quarter 3	Quarter 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 - \$4,900	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	check four

HALF PAGE HORIZONTAL AD: 7" X 4.75'					
	Quarter 1	Quarter 2	Quarter 3	Quarter 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 four

TMA SOCIAL MEDIA

Social media posts to be posted from TMA's twitter and facebook accounts (@tnmed). Company must provide copy and/or artwork.

Frequency	FB & Twitter	Select
1x	\$250	<input type="checkbox"/>
2x	\$500	<input type="checkbox"/>
3x	\$750	<input type="checkbox"/>
4x	\$900	<input type="checkbox"/>

I agree to pay \$_____ for _____ appearances in 2019.

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

VIDEOS

Promotional Video - \$750 per appearance. **MUST NOT EXCEED 30 SECONDS.**

I agree to pay \$_____ for _____ appearances in 2019.

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

TMA MEMBER NEWS

Logo/ad in TMA Member News Email — \$500 per appearance.

- Maximum 12 times per year | Limited space available

I agree to pay \$_____ for _____ appearances in 2019.

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

TMA MARKETPLACE

Logo with deal or special offer to TMA members featured at tnmed.org/partners— \$500 for 12 months.

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

Email logo, copy and links to communications@tnmed.org.

TMA JOB BOARD

Posting on TMA's Job Board for 30 days.

I agree to pay \$250 for a 30-day appearance on the TMA Job Board from _____ (start date) to _____ (end date).

Email job posting and links to communications@tnmed.org.



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TMA Advertising

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:	MC	VISA	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 with form and mail to:
Tennessee Medical Association, 701 Bradford Avenue, Nashville, TN 37204
- 2). Fax to the attention of Michael Hurst at 615.312.1900
- 3). Request Invoice

For security: *please to not email sensitive credit card information*

Questions?

Contact Michael Hurst, Director of Business Development, at 615.460.1646 or michael.hurst@tnmed.org.