

2010 Dialysis Pocket Program Advertising Rates

Handed out to all conference attendees

Sizes	Rates	Dimensions (Width X Depth)
Two Page Spread*	\$2,000	10 1/2 X 8 inches
* does not include inside of cover and facing page		
Full Page	\$1500	5 X 8 inches
Half Page Horizontal	\$900	3 3/4 X 5 inches
Half Page Vertical	\$900	2 1/4 X 8 inches
Quarter Page	\$450	2 1/4 X 3 3/4 inches

Cover Rates

Inside Front Cover	\$3,000 (Premium Position)
Inside Front Cover & Facing Page	\$4,500 (Premium Position)
Inside Back Cover	\$2,000 (Premium Position)
Inside Back Cover & Facing Page	\$3,500 (Premium Position)
Back Cover	\$3,000 (Premium Position)

Color Rates

Black only	Rates as listed above
C, M, Y, K (4-color process)	Add \$100 to rates listed above

Production Requirements

Grayscale Photos:

- Furnish prints or slides to be scanned by the printer
- Scan at a resolution between 225 and 300 dpi at 100% of printing size
- File formats either eps or tiff

Line Art:

- Furnish prints or slides to be scanned by the printer
- Scan at a resolution of at least 600 ppi at actual printing size
- File formats either eps or tiff

Software supported by the printer:

Quark, PageMaker, InDesign, PhotoShop, Illustrator, Freehand, and Acrobat

Questions may be directed to Karen Schmidt at (573)445-3297 or schmidtk@health.missouri.edu

Trim Size:	5 1/2 X 8 1/2 inches
Margins:	1/4 inch (side, top, bottom, and gutter on each side of bind)
Binding:	Saddlestitch

Deadlines

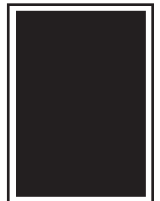
Space deadline	November 16, 2009
Material deadline	November 25, 2009

Return this form with check (drawn on a US bank) and artwork to:

Dialysis Conference
 Attn: Elaine Rogers
 2401 Lemone Industrial Blvd., DC345.00
 Columbia, Missouri 65212
 Phone: (573) 882-9973 • Fax: [573] 882=5666



Two Page Spread
10 1/2 X 8



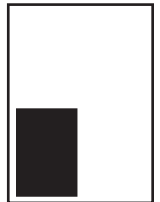
Full Page
5 X 8



Half Page
Horizontal
3 3/4 X 5



Half Page
Vertical
2 1/4 X 8



Quarter Page
2 1/4 X 3 3/4

Please reserve space in the 2010 Dialysis Pocket Program

- Ad Size:** Two Page Spread
 Full Page
 Half Page Horizontal
 Half Page Vertical
 Quarter Page

Position: Premium Yes No

Color: Black only
 C, M, Y, K

Total Cost _____

Company Name _____

Mailing Address _____

City _____ State _____ ZIP _____

Telephone _____ Fax _____

Contact Person _____

Signature _____ Date _____