



INSider Advertising Agreement

Contact Information

Company	Contact Name	
Address	State	Zip Code
Phone	Email	

Select Ad Size	Rate	Select Issue	Ad Deadline
<input type="checkbox"/> Back Cover (8.5" w x 7" h)	\$1,200	<input type="checkbox"/> January/February 2021	December 8, 2020
<input type="checkbox"/> Inside Front or Inside Back Cover (8.5" w x 11" h)	\$1,000	<input type="checkbox"/> March/April 2021	January 15, 2021
<input type="checkbox"/> Full Page (8.5" w x 11" h)	\$800	<input type="checkbox"/> May/June 2021	March 15, 2021
<input type="checkbox"/> Half Page Ad Horizontal (8.5" w x 11" h)	\$500	<input type="checkbox"/> July/August 2021	May 15, 2021
		<input type="checkbox"/> September/October 2021	July 15, 2021
		<input type="checkbox"/> November/December 2021	September 15, 2021

*Six or more ads receive a 10% discount.
Preferably adding a 0.25" bleed*

TOTAL DUE \$

Ad Specs

Advertisements must be 4-color (CMYK), and must be submitted exactly as they should appear in print, sized to the dimensions listed above. Please submit your file as a high-resolution PDF.

Special placement requests for cover positions will be honored on a space-available basis.

Payment Information

Payment must be submitted in full prior to advertisement deadline.

- Please invoice us.
 American Express MasterCard Visa

Cardholder's Name	Signature
Card Number	Expiration Date

Please return your completed agreement and payment to:

Meghan Trupiano, CMP
 Infusion Nurses Society – One Edgewater Drive | Suite 209, Norwood, MA 02062
 (781) 440-9408 x335 meghan.trupiano@ins1.org