



## Iowa Academy of Family Physicians 2021 Advertising & Insertion Order

### Section A: Package Options

Select a Package- <i>Place a check in one of the boxes below</i>	Ad Size	3 Magazine Ads	Exhibit Booth or Partner's Circle Sponsorship	¼ Page Digital Membership Directory Ad	Price Before Discount	15% Discount Savings	Package Price
	<b>Full Page-Front or Back Cover</b>	\$5,999.00	\$850.00	¼ page \$275.00	\$7,125.00	<b>\$1,070.00</b>	<b>\$6,055.00</b>
	<b>Full page</b>	\$5,350.00	\$850.00	¼ page \$275.00	\$6,475.00	<b>\$970.00</b>	<b>\$5,505.00</b>
	<b>2/3 page</b>	\$4,455.00	\$850.00	¼ page \$275.00	\$5,580.00	<b>\$840.00</b>	<b>\$4,740.00</b>
	<b>1/2 page</b>	\$2,970.00	\$850.00	¼ page \$275.00	\$4,095.00	<b>\$615.00</b>	<b>\$3,480.00</b>
	<b>1/3 page</b>	\$2,080.00	\$850.00	¼ page \$275.00	\$3,205.00	<b>\$480.00</b>	<b>\$2,725.00</b>
	<b>1/4 page</b>	\$1,635.00	\$850.00	¼ page \$275.00	\$2,760.00	<b>\$415.00</b>	<b>\$2,345.00</b>
<b>Please Note DUE DATES</b>		Ads Due: 4/1/21, 8/1/21,12/1/21					

\* Front and Back Cover Ads are on a first come first serve basis

\* All magazine ads are color no separate pricing for black and white. Directory ads are black and white.

**If you have selected a package no need to complete Sections B, C, or D. Please Complete Exhibit or Sponsorship Contract (Coming in May 2021)**

### Section B: Iowa Family Physician Magazine Only:

Step 1: Please enter the number (from 1-3) of the ads that you wish to purchase in the appropriate size category:

Number of Ads I wish to purchase (1-3)		1 Issue	2 Issues	3 Issues
	<b>Full Page-Front or Back Cover</b>	\$ 2,200.00	\$4,400.00	\$5,999.00
	<b>Full Page</b>	\$1,980.00	\$3,960.00	\$5,350.00
	<b>2/3 page</b>	\$1,650.00	\$3,300.00	\$4,455.00
	<b>1/2 page</b>	\$1100.00	\$2,200.00	\$2,970.00
	<b>1/3 page</b>	\$770.00	\$1540.00	\$2,080.00
	<b>1/4 page</b>	\$605.00	\$1210.00	\$1,635.00

Step 2: If you are ordering less than four issues, please select the issues you would your ad published in.

\_\_\_\_ Spring- Due 4/1/21  
12/1/21

\_\_\_\_ Fall – Due 8/1/21

\_\_\_\_ Winter- Due

**Please send your camera ads to: [kcox@iaafp.org](mailto:kcox@iaafp.org) by the associated due dates above!**

\* Front and Back Cover Ads are on a first come first serve basis \* All Ads are color no separate pricing for black and white

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### **Section C: Exhibit Booth or Sponsorship**

If you would only like to have an exhibit booth or sponsorship at our 2021 **IAFP Clinical Education Conference to be held**

**October 29, 2021 at the West Des Moines Sheraton** please complete the exhibit contract or sponsorship form (to be mailed separately) and send back to the Iowa Academy

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### **Advertise in the IAFP E-Newsletter!**

IAFP News Bites is our monthly e-newsletter that our members receive in their inbox on the first Wednesday of every month.

**Advertising in the IAFP E-Newsletter is only \$300 for one month and \$550 for two months!**

Your advertisement will include four lines along with a link to more information or your website.

Please contact Katie Cox at 515-283-9377 or [kcox@iaafp.org](mailto:kcox@iaafp.org) if you would like more information.

### **ADDITIONAL INFORMATION**

**Ad Sizes:** Full Page: 8.5 wide x 11 tall (with bleeds the file should be 8.75x11.25)

1/2 Page: 7.5 wide x 5 tall

1/4 Page: 3.75 wide x 5 tall

2/3 Page: 7.5 wide x 7 tall

1/3 Page: 7.5 wide x 3.5 tall

**Graphic Design Assistance:** If your company would like assistance in developing your advertisement for any of our publications please contact Katie Cox at 515-283-9377 or [kcox@iaafp.org](mailto:kcox@iaafp.org) and we will provide you with the contact information for our graphic design contractor.

**Disclaimer:** The Iowa Academy of Family Physicians maintains the right to refuse to publish any advertisement it determines is not appropriate. You will be notified in the event that your advertisement has been refused and given the opportunity to submit a different advertisement within the established publishing dates. The IAFP is not responsible for printing advertisements that are received after the stated due dates.

**COMPANY INFORMATION**

**Name of Advertising Company:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Name of Company in ad if different:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
**Street Address**

**Address:** \_\_\_\_\_  
**City State Zip**

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Billing Address (if different from above)**

**ATTN:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
**Street Address**

**Address:** \_\_\_\_\_  
**City State Zip**

**Complete and Send to:**  
**Katie Cox**  
**Director of Communications**  
**Iowa Academy of Family Physicians**  
**100 E. Grand Ave, Ste 240**  
**Des Moines, IA 50309-1800**  
**515-283-9377 800 -283-9370**  
**FAX: 515-283-9372**  
**Email: kcox@iaafp.org**