



Advertising
2750 E. Sunshine
Springfield, MO 65804

Phone: 877-718-3053

Email: editor@aaimedicine.com

Digital Advertising Insertion Order

This insertion order is required for placing advertising in **JAAIMSM**. Insertion orders from authorized advertising agencies will substitute this document.

Year(s) _____

Summer _____ Fall _____ Winter _____ Spring _____

I hereby authorize **JAAIM®** to place advertising in the above issue(s) at the rate stated. I understand that I will be billed for the quoted rate, plus any production charges incurred for ads that are not camera-ready.

Advertiser _____

Agency _____

Purchase Order Number (if applicable) _____

Ad size _____

Number of insertions _____

Rate (per insertion): _____

Advertising Rates

	1 Time	2 Times *	4 Times *
Full Page	\$500	\$475	\$450
2/3 Page	\$400	\$375	\$350
1/2 Page	\$300	\$275	\$250
1/3 Page	\$250	\$225	\$200
1/4 Page	\$200	\$175	\$150

*Price of advertisement per insertion

Comments: _____

Advertiser/Agency _____

Billing Address: _____

Phone _____ Fax _____

E-mail _____

*Please note that this insertion order may not be changed or canceled after the closing deadline. Please send insertion order and all advertising materials to: Advertising, 2750 E. Sunshine Springfield, MO 65804; or electronically to editor@aaimedicine.com. This insertion order may also be faxed to (417) 823-9959. Please call (877) 718-3053 for additional information.

Advertising Agency Representative Signature _____