

**Print
and
Electronic
Advertising
Rates**



Pharmacists Society of the State of New York

You can count on being seen when you advertise on the PSSNY website and in our broadcast emails. PSSNY is the 'go to' site for NYS Pharmacists when it comes to the latest practice information and announcements. Many other groups, such as the NYS Board of Pharmacy and the NYS Bureau of Narcotic Enforcement, utilize our website when they need information to get out and want to be sure it gets seen. PSSNY Members have stated that our email alerts are 'invaluable' and '*worth their weight in dues.*' Please note that we do not track traffic or click-thrus.

Logo/Graphic Advertising

Only placed on the Home Page - placement under the 'sponsored links' text
200 x 82 pixels, no larger than 72 dpi and maximum file size 15KB, preferably .jpg or .gif formats.

- \$5,000 - one year posting
- \$1,500 - three month posting
- \$750 - one month posting

Classified Advertising

Only placed on the Classified Page

Must be 100 words or less, no graphics, will not publish ALL CAPS

PSSNY will format to conform with our page layout

PSSNY will not edit text. You must send ad as you would like it to read

Ads run for 30 Days

- Member Fees: FREE
- Non Member Fees:
 - \$75.00 - 1-50 words
 - \$125.00 - 51-100 words

NOTE: Help Wanted Advertising is done thru the website on your own at the PSSNY Career Center.

PSSNY Email Alerts/Updates Sponsorship

Sent to Members at a minimum two times/month - usually sent weekly on Fridays

Goes to paid PSSNY Members

- there are over 2,000 members signed up to receive our alerts/updates

Ad text must be 50 words or less, graphics must adhere to the same specifications mentioned above in the Logo/Graphics Advertising section

- Full Year Sponsorship: \$2,000
- Three Month Sponsorship: \$600.00

NOTE: If PSSNY is under contract with a sponsor for a full year the three month sponsorship category will be unavailable.

You can see a sample email alert by sending a request to media_1879inc@pssny.org. Please note in the request that this is in reference to possible advertising. PSSNY does not email our Alerts/Updates to non members unless its a request for possible advertising.

THE online resource

for New York State

Pharmacists

Website Ad size
This would be the largest size accepted
Graphics submitted must fit within the
boundaries of this box

Online & Email Advertising Insertion Order

Date: _____

Name: _____

Company Name (if applicable): _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email _____

Ad Start Date: _____ End Date: _____

Logo/Graphic Advertising - Home Page

- \$1,000 - three month posting
- \$500 - one month listing

Classifieds Page Advertising (except Help Wanted Ads)

Attach text of ad on separate sheet of paper

- Member Fees*: FREE
- Non Member Fees:
 - \$100.00 - 1-50 words
 - \$175.00 - 51-100 words

PSSNY Email Alerts/Updates Sponsorship (currently sponsored by Opus-ISM)

- Full Year Sponsorship: \$2,000
- Three Month Sponsorship: \$600.00

NOTE: If PSSNY is under contract with a sponsor for a full year the three month sponsorship category will be unavailable.

I would like to include a link to the following web address:

*Member Rates only apply if active membership is maintained throughout the duration of the contract. Associate Members who have paid PSSNY membership however represent a company for advertising purposes are entitled to a 50% discount off the Classifieds Page Advertising Rates.

Cancellations will not be accepted after the Ad Start Date specified above. No refunds will be provided after said date. If a request for refund is approved and your payment was received by credit card your refund will be less 3% of your total ad payment. Refunds issued for payments received by check will be issued in full if approved.

Payment Terms: Advertisers agree to pay the contract amount in full prior to the start date. This fee will be non-refundable after the start date.

You can see a sample email alert by sending a request to media_1879inc@pssny.org. Please note in the request that this is in reference to possible advertising. PSSNY does not email our our Alerts/Updates to non members unless its a request for possible advertising.

PSSNY reserves the right to determine the suitability of all ads submitted and to reject any advertising that does not meet our editorial or digital criteria.

NYS Pharmacist Century II

Journal

Advertising

Background

The New York State Pharmacist: Century II journal is the official publication of the Pharmacists Society of the State of New York, published bi-monthly and provided to the members of the Pharmacists Society of the State of New York as part of their membership dues. In addition, subscriptions to this magazine are sold to the general public at \$40.00 for six (6) issues or for \$10.00 per single copy.

The New York State Pharmacist: Century II accepts advertisements from suppliers of goods and services that are common to the practice of community, retail, hospital, HMO, clinical, home health care, consulting and other specialty pharmacy practices.

Editorial content consists of important Federal and State legislative, regulatory, clinical, educational and business matters that directly or indirectly affect the practice of pharmacy in the State of New York.

The New York State Pharmacist: Century II also covers many stories of common interest to the pharmacy profession, including Society business matters. Copies of the New York State Pharmacist: Century II are available for your inspection and can be obtained by calling (518) 869-6595.

Editor: Craig M. Burrige, MS., CAE, Managing Editor: Christine Trimarchi, Advertising: Mary Prediger
Contact Information:
PSSNY, 210 Washington Ave. Ext., Albany, NY 12203
(800) 632-8822
Email: media_1879inc@pssny.org

Circulation

The New York State Pharmacist: Century II was established in 1927 and has a circulation of over 3,000, of which a substantial majority are mailed within New York State. The journal's readership consists of pharmacists in community retail practices, hospitals, managed care, industry, pharmacy college faculty and students.

Issue & Closing Dates

The New York State Pharmacist: Century II is published bi-monthly: January/February, March/April, May/June, July/August, September/October & November/December. All advertising requests must be submitted electronically, and must be received in the first week of the date of issue. For example, if you would like your ad to appear in the January/February issue, your insertion order and advertisement must be received by the first week of January. The closing date is the first week of the following months: January, March, May, July, September & November.

Publication Layout

The New York State Pharmacist: Century II publication is printed on a high quality 70# white coated stock; trim size: 8½" x 11" (1/8 trim each side); 2-columns; saddle-stitch binding; and all colors are available.

Commission & Cash Discount

Agencies will earn 15% commission (no commission after 60 days).

Cancellations

In the event that an advertiser cancels a multiple ad placement agreement prior to the completion of that contract, refunds will be limited to 75% of the remaining contract amount. Refund requests must be made in writing.

Restrictions

The Editor of the New York State Pharmacist: Century II reserves the right to determine the suitability of all ads submitted and to reject any advertising that does not meet our editorial or digital criteria.

Opinions

Opinions expressed by contributors to the New York State Pharmacist: Century II do not necessarily reflect the position of the Editor or of the Pharmacists Society of the State of New York.

Questions?
800.632.8822
media_1879inc@pssny.org

NYS Pharmacist Century II

Journal

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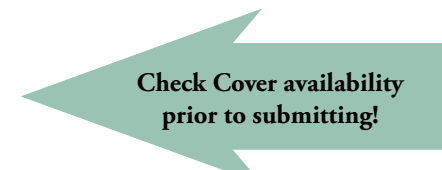
Reproduction Requirements

Electronic files are accepted for a PC in the following formats: pdf, tif, indd, doc, pub and eps. To verify if your file type is accepted prior to sending, call Chris at (800) 632-8822. Electronic files must be high resolution and must contain all scanned images, logos, and fonts used in your file. All files must be black/white or grayscale unless paying for a four color ad. Ads will be accepted by e-mail to media_1879inc@pssny.org however a copy of the ad must be faxed to 518-464-0618. Electronic files may also be sent on a CD-ROM to PSSNY. Additional fee will be charged if negatives are provided.

Rates

Black & White Rates.....	1 Time	6 Times
Double Page.....	\$1,500	\$1,200 @
Full Page	\$750	\$600 @
½ Page Horizontal.....	\$550	\$500 @
½ Page Vertical.....	\$550	\$500 @
¼ Page Horizontal.....	\$300	\$250 @
¼ Page Vertical.....	\$300	\$250 @
1/8 Page	\$175	\$100 @

Cover Rates.....	1 Time	6 Times
Inside Front Cover	\$850	\$700 @
Inside Back Cover	\$775	\$600 @
Back Cover	\$950	\$800 @



Page Specs

Size	Width	Height
Double.....	16"*	10"
Full	7½"	10"
½ Horizontal.....	7½"	5"
½ Vertical.....	3½"	10"
¼ Horizontal.....	7½"	2½"
¼ Vertical.....	3½"	5"
1/8	3½"	2½"

*Bleeds are \$75.00 extra and films must be at least ¼" larger than the Full/Double page sizes.

Color Rates

Second standard or matched color
- \$375.00 extra.
Four Color - \$850.00 extra.

Bleeds

\$75.00 extra for each bleed (8¾" x 11¼")
Special Position - 10% extra.

Inserts

Black & White - earned rate.

Classifieds & Reading Notices

Per word (minimum \$15.00) \$1.00
All CAPS (minimum \$50.00) \$1.25

By submitting an insertion order you agree to the terms and conditions outlined in PSSNY's Print & Electronic Advertising Rates including, but not limited to, our policies on Restrictions, Cancellations, Closing Dates, Ad Specs, Opinions and Reproduction Requirements.

NYS Pharmacist Century II

Date: _____ Submitted by Advertising Agency

Contact: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email _____

Client: _____

Reference Number/Purchase Order #(if applicable): _____

Ad will be sent via: Email/Faxed hard copy Mail on Disk with hard copy

Issue(s) To Run Ad:

Jan/Feb March/April May/June July/Aug Sept/Oct Nov/Dec

Ad Size:

Double page Full page 1/2 Horizontal 1/2 Vertical

1/4 Horizontal 1/4 Vertical 1/8 Page

One-time ad rate Six time ad rate

Cover Ads: (please call to confirm availability prior to submitting)

Inside Front Cover Inside Back Cover Outside Back Cover

Additional Color(s):

Second standard/matched Four Color

Additional Specs:

Bleed Special Position: _____

Other _____

Totals:

One Time @ \$ _____ Six Times @ \$ _____

Cover Rate: One Time @ \$ _____ Six Times @ \$ _____

Color: 2nd Standard/Matched: \$375 Extra Four Color: \$850 Extra

Bleeds: \$75.00 Extra/bleed \$ _____ (Special Position: 10% Extra)

Other: _____

Total Ad Cost: \$ _____ less 15% submitted by Agency \$ _____

Journal

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Questions?
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media_1879inc@pssny.org

Email any Questions and Advertisements to: media_1879inc@pssny.org

NYS Pharmacist Century II

Journal

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CLASSIFIED INSERTION ORDER

Date: _____ Submitted by Advertising Agency

Contact: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email _____

Client: _____

Reference Number/Purchase Order #(if applicable): _____

Ad text to read as follows (text can be attached to this form or emailed to
media_1879inc@pssny.org & must be legible to be accepted):

Issue(s) To Run Ad:

Jan/Feb March/April May/June July/Aug Sept/Oct Nov/Dec

Classified Insertion - total number of words: _____ All CAPS

Totals:

One Time @ \$ _____ Six Times @ \$ _____ Total Cost: \$ _____

Classifieds & Reading Notices

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