

MSSC MEMBERSHIP ROSTER ADVERTISING

The annual Medical Society of Sedgwick membership roster is an indispensable guide to local physicians. It is used many times a day by physicians, their office staff and other health care professionals. Advertisements with the roster are seen repeatedly throughout the year.

Each MSSC physician member receives a copy of the roster. KMS members across the state also receive rosters. Hospitals, clinics and other health-related organizations throughout Kansas purchase additional copies. Total number of rosters published is about 5,750.

AD RATES (All advertisements are full page, full color)

Back cover: \$3,000

Inside front/inside back covers: \$2,000

Tab pages (cardstock): \$1,200

Each advertiser will receive one complimentary copy of the roster. Additional copies may be purchased for the pre-publication pricing prior to Sept. 1st. After Sept. 1, the pricing increases per copy.

SPECIFICATIONS

Back cover and inside cover: Ad size is 5.5" x 8.5" plus 1/8" bleed. Leave a 1/2" clear space for the spiral binding (on the left side for inside back cover, on the right side for the back cover and inside front cover).

Tab pages: Ad size is 4.5" x 7.75"

Advertising art to be provided in a camera-ready high-resolution PDF or JPG. Fonts should be embedded in file or outlined.

For assistance in designing and producing an advertisement, contact Denise Phillips at denisephillips@med-soc.org or at 316-683-7558.

Order, ad copy and payment deadline is Aug. 1.

APPROVAL AND PAYMENT

All advertisements are subject to acceptance by MSSC and space availability (first come, first serve).

Payment is due with order. To pay by credit card – call 683-7558. Make checks payable to the Medical Society of Sedgwick County (MSSC). Contact Denise Phillips at 316-683-7558 or denisephillips@medsoc.org for more information or to check availability.



Advertising Form for MSSC Membership Roster

ADVERTISING ORDER

Advertiser Name _____

Contact _____

Address _____

City _____ State _____ Zip _____

Billing address (if different) _____

City _____ State _____ Zip _____

Contact phone _____

Email _____

Notes/instructions _____

LOCATION ☐ Back Cover ☐ Inside Front Cover ☐ Inside Back Cover ☐ Tab

RATE _____

TOTAL _____

- ☐ Pay by check (MSSC)
- ☐ Pay by credit card (call 683-7558)

Signature _____

Date _____

AD RATE (all ads are full color)

Location	Rate
Back Cover	\$3,000
Inside Covers	\$2,000
Tabs	\$1,200

To Submit Order Form:

Payment must accompany the order form. Make checks payable to MSSC.

You can mail, fax or e-mail the order for processing.

Mail: MSSC, ATTN: Denise, 1102 S. Hillside, Wichita, KS 67211

Fax: 316-683-1606

E-mail: denisephillips@med-soc.org