

# THE PSYCHIATRIC SOCIETY OF VIRGINIA VIRGINIA NEWS



## ADVERTISING RATES

### 2015 INSERTION ORDER

Today's Date \_\_\_\_\_

**Requested Publication Issue(s):** ☐ May 2015 ☐ August 2015 ☐ December 2015

The deadlines for advertising materials are the following: **May issue** - April 1; **August issue** - July 1; **December issue** - November 1. Due to space constraints, ads are accepted on a first-come, first-served basis. Please submit this completed and signed insertion order as soon as possible to assure your selected advertising space. All ads should be produced as black and white or grayscale only and provided as high resolution Adobe .pdf files to Beverly Bernard via email at [beverly@societyhq.com](mailto:beverly@societyhq.com). Ad production services are available for an additional fee of \$110 per hour.

- PLEASE PRINT -

Advertiser \_\_\_\_\_

Billing Client \_\_\_\_\_ Contact Person \_\_\_\_\_

Billing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Headline \_\_\_\_\_

Authorized Signature \_\_\_\_\_

**If you reserve ad space in all three issues of the *PSV Newsletter*, there is a 25% discount per issue.**

**Total Amount Due \$** \_\_\_\_\_ **P.O. / Insertion Number (if applicable):** \_\_\_\_\_

FULL PAGE	HALF PAGE	QUARTER PAGE	EIGHTH PAGE
<input type="checkbox"/> 1x rate - \$850 <input type="checkbox"/> 3x rate - \$637 each	<input type="checkbox"/> 1x rate - \$450 <input type="checkbox"/> 3x rate - \$337 each	<input type="checkbox"/> 1x rate - \$250 <input type="checkbox"/> 3x rate - \$187 each	<input type="checkbox"/> 1x rate - \$125 <input type="checkbox"/> 3x rate - \$93 each
Size: 7.5" w x 9.625" h	Size: 7.5" w x 4.875" h	Size: 3.625" w x 4.875" h	Size: 3.625" w x 2.25" h

At the time of publication, your invoice will be issued. Payment is due within 15 days of invoicing or you may prepay for your ad. You will receive two printed copies of the newsletter for your records.

☐ Invoice me ☐ Payment with Credit Card

Special Instructions: \_\_\_\_\_

**Method of Payment:** ☐ Check ☐ VISA ☐ MasterCard ☐ American Express

Card No: \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV Security Code\* \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name on Card \_\_\_\_\_

\*CVV code is the three digit number on the back of VISA or MC or 4 digit number on the front of AMEX card above the account number.

For payment by check, please make payable to **PSVA** and mail to:

**Psychiatric Society of Virginia • 2209 Dickens Road • Richmond, VA 23230-2005**

Phone (804) 565-6321 • Fax signed and completed form to: (804) 282-0090 • Email: [beverly@societyhq.com](mailto:beverly@societyhq.com)

**Fax Completed and Signed Insertion Order to (804) 282-0090**