



FOR CLINICAL RESEARCH EXCELLENCE

# AD INSERTION ORDER FORM

Date: \_\_\_\_\_ Insertion or PO #: \_\_\_\_\_

Advertiser (Client): \_\_\_\_\_ Agency: \_\_\_\_\_

Ad Submitted By: \_\_\_\_\_ Agency \_\_\_\_\_ Advertiser

Dr. \_\_\_ Mr. \_\_\_ Ms. \_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_ Company / Affiliation \_\_\_\_\_

Company Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Postal area \_\_\_\_\_ ZIP/Postal code \_\_\_\_\_ Country \_\_\_\_\_

Office Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

Publication (select one)	Submission Deadline:	Materials	Ad Size	Ad Color
Annual Conference Program	August 15	New	Full Page	Full Color (full page only)
SoCRA Source	Year:	Pickup	½ Page	2 Color (SOURCE only)
February	December 1	(note issue):		Black & White (Annual Conference Program only)
May	March 1	_____		
August	June 1	_____		
November	September 1			

### Ad Specifications:

Ad Size	Specifications
Full Page	7¼" x 9"
½ Page Vertical	3½" x 9"
½ Page Horizontal	7¼" x 4½"

- Please submit high-resolution PDF (preferred), JPG, TIFF or EPS print-ready files.
- Please assure that all fonts are embedded.
- Images / files should be 300 dpi minimum.
- Color ads must use CMYK color.

### All ad materials should be sent to:

SoCRA, Attn. Advertising  
530 West Butler Ave, Ste 109, Chalfont, PA 18914 USA  
e: ads@socra.org p: (215) 822-8644 f: (215) 822-8633

Full Page Color  
**\$1000**

Full Page B/W / 2 color  
**\$700**

½ Page B/W / 2 color  
**\$500**

\$ \_\_\_\_\_

If your ad requires resizing or typesetting, please add **\$100**

\$ \_\_\_\_\_

**TOTAL**

\$ \_\_\_\_\_

### PAYMENT - Payable to SoCRA in U.S. Funds

Check # \_\_\_\_\_ VISA \_\_\_ M/C \_\_\_ AMEX \_\_\_\_\_

Account # \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

Cardholder Printed Name \_\_\_\_\_ Billing ZIP/ Postal Code \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

SoCRA is a registered 501(c)(3) non-profit (membership organization) corporation, Federal Tax ID # 61-1208981