



SOCIETY OF CLINICAL RESEARCH ASSOCIATES

SoCRA SOURCE - AD - INSERTION ORDER

To: SoCRA
Attn: Advertising *SoCRA Source*
530 West Butler Avenue, Suite 109
Chalfont PA 18914

Date _____ Insertion or PO # _____

Client Name _____ Agency Name _____

Please insert the included ad in the _____(month) SoCRA SOURCE.
The SoCRA Source is published in February, May, August, and November.
Ads must be submitted by December 1 (for February), March 1 (for May), June 1 (for August), and September 1 (for November).
The SoCRA SOURCE is mailed to over 10,000 SoCRA members each quarter.

The ad to be inserted is a (please check one) Full 1/2
Please submit digital files, use PDF (preferred), Jpeg, Tiff or EPS,
or supply camera-ready copy (paper slick) or film of the appropriate size.
Please assure **that all fonts are embedded**. Color ads must be **High Resolution CMYK**.

Full-page ads must fit a 7¼" x 9" layout, half-page 3½" x 9" or 7¼" x 4½" "

Half page ads may be presented in horizontal or vertical form.
Full page ad in color (PDF and formats must be in CMYK) \$ 900.00
Full page ad - B/W \$ 700.00
1/2 page ad – B/W \$ 400.00

If your ad requires resizing or typesetting, add \$100.00.
Total \$ _____

Company placing ad _____
Company Contact (Print) _____
Address _____
City _____ St _____ Zip _____
Phone _____ Fax _____
Email _____

Please include a check payable to SoCRA (pay in U.S. Funds), tax ID 61-1208981.
Or, please include the following credit card information
Please charge VISA Mastercard AMEX
Account _____ Exp ____/____

Please complete:
Cardholder Signature _____
Cardholder Name (print) _____

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