

# VETERINARY EMERGENCY & CRITICAL CARE SOCIETY

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Executive Director: Dr. Gary L. Stamp

Advertising Coordinator: Kelli Collier



## 2007 IVECCS PROGRAM ADVERTISING INSERTION ORDER

	B/W		4C	
	1x	(cost per issue) 2x	1x	(cost per issue) 2x
Full page (ROP)	\$660	\$560	\$1320	\$1120
Full page Premium Placement*			\$1600	\$1400
2 <sup>nd</sup> cover (inside front) <i>SOLD</i>			\$1485	\$1265
3 <sup>rd</sup> cover (inside back) <i>SOLD</i>			\$1400	\$1195
†4 <sup>th</sup> cover (outside back) <i>SOLD</i>			\$2120	N/A
Half page (ROP)	\$385	\$330	\$770	\$660
Quarter page (ROP)	\$290	\$235	\$585	\$495

**NOTE:**

\*Premium placement (PP): Adverts to be placed in the front of the publication, typically w/in the first 15 pages. Preferred placement is assigned on a first-come/first-served basis, with preference given to those advertisers who have run ads consistently in previous volumes/issues of JVECC and or the IVECCS Program.

Run of press (ROP): We reserve the right to determine ad placement.

B/W: Ad will be run in black and white.

4C: Ad will be run in color.

Page Sizes	Live Area	Bleed
Full Page	7.75 x 10.5	9 x 11.75
1/2 Page Horizontal	7" x 5"	8.75 x 5.75
1/2 Page Vertical	3.5 x 9.125	4-1/4" x 11-1/4"
1/4 Page	3.5 x 4.5	

Trim Size: 8.375 x 10.875

Keep live matter 1/2" from trim edges.

\*Insertions: Rates are shown as per-insertion rates. If advertiser chooses the 2x rate, advertiser is agreeing to run in the preliminary program and the final program. If Advertiser cancels before running in both programs, they will be responsible for the difference between a 1x rate and a 2x rate.

**HIGH RESOLUTION PDF IS PREFERRED. PLEASE EMAIL FILE TO INFO@VECCS.ORG**

**Please indicate which program(s) you want to advertise in:**

Preliminary Program - Ad Materials deadline: **March 1, 2007**     Final Program - Ad Materials deadline: **August 1, 2007**

Ad Size: \_\_\_\_\_ B/W: \_\_\_\_\_ 4C \_\_\_\_\_ Please indicate placement preference: \_\_\_\_\_

Advertiser Name: \_\_\_\_\_

Advertising Contact Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Check/credit card information for payment must accompany ad for first-time advertisers. (Current advertisers will be invoiced.):**

Method of payment (please check one): Check enclosed: \_\_\_\_\_ Visa: \_\_\_\_\_ MasterCard: \_\_\_\_\_ American Express: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ 3-Digit Code \_\_\_\_\_

Name on Card: \_\_\_\_\_