

Advertise Today!

Waukesha County Medical Society

QUARTERLY ADVERTISING: Website Homepage and E-News

Your logo/ad will appear on the homepage of www.WaukeshaCMS.org and will also be included in the left sidebar of monthly e-newsletters sent to membership. Ads will be hyperlinked to a URL of your choice.

Specifications/Guidelines

Timeline and deadlines for submission:

- 1st Quarter Ads, January-March: deadline for submission is December 15
- 2nd Quarter Ads, April-June: deadline for submission is March 15
- 3rd Quarter Ads, July-September: deadline for submission is June 15
- 4th Quarter Ads, October-December: deadline for submission is September 15

Additional Information:

- Five advertising spots are available per quarter that will be filled on a first come, first served basis
- Ad size/specs must be within specifications: 166 x 180 pixels submitted as a jpeg file
- URL link must be submitted with ad
- Editorial committee reserves the right to review content and/or decline advertising
- Advertising Rate: \$250/Quarter
- Receipt of both ad copy and payment are required to reserve ad space

Waukesha County Medical Society Advertising Form

Please complete and return this form to Waukesha CMS. If all ad spots are full for the advertising period you selected, you will be contacted to confirm your interest in running at a later date. *Pre-payment is required before your ad will appear on the website or in the E-News.*

Name: _____

Organization/Company Name: _____

Email Address: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

How many months do you want your ad to run? 3 Months 6 Months 9 Months 12 Months

Select your preferred advertising start date: January April July October

If your first choice is full, choose a second option? January April July October

Method of Payment - \$250 per Quarter

TOTAL \$ _____ Pay by Check Check # _____

VISA MasterCard Discover AMEX

Card Number: _____ Expiration Date: _____ / _____ Security Code: _____

Name on Card: _____

Address: _____

City: _____ State: _____ Zip: _____

Return form and payment to the Waukesha County Medical Society office:

563 Carter Court, Suite B • Kimberly, WI 54136

Ph.: 920-560-5641 • Fax: 920-882-3655

Email: WaukeshaCMS@badgerbay.co