

2014-2015 Media Kit

Advertising and Sponsorship Rates and Terms

AR●Rx, The Arkansas Pharmacist



Circulation: AR • Rx The Arkansas Pharmacist is a quarterly journal published by the Arkansas Pharmacists Association (APA). It is distributed to 2,400 pharmacists in virtually every practice setting, pharmacy technicians, pharmacy students, plus pharmacy wholesalers, manufacturers, insurers, colleges of pharmacy, hospitals and software vendors. It is also sent to legislators at the state Capitol.

These professionals are directly involved in decisions to purchase: prescription drugs (brand name and generic), over-the-counter pharmaceuticals, diabetes aids, technology, containers, compounding chemicals and equipment, natural remedies, durable medical equipment, home test kits and other inpatient and outpatient products.

Editorial: The goal is to provide useful and timely information on the practice of pharmacy in Arkansas and the U.S. The publication provides feature articles on people and topics of interest to APA members; association news and reports; information on state and national legislative news and trends; University of Arkansas for Medical Sciences and Harding University Colleges of Pharmacy news; hospital, consultant and compounding reports.

Readership: A May 2012 survey of APA members revealed that of those who responded to the survey:

- 81% always read AR●Rx The Arkansas Pharmacist and 16% sometimes read it.
- **55%** spend 15 30 minutes and **22%** spend 30 45 minutes reading each issue of *AR*●*Rx The Arkansas Pharmacist*.
- As an APA member service, **73%** rated *AR*●*Rx The Arkansas Pharmacist* as either important or moderately important.
- 90% rated AR Rx good to excellent.

Regular Content:

From the APA President
Inside APA
Cover and feature stories on pharmacy topics
RX and the Law
Safety Nets
Member Spotlight
Medicaid Report
College of Pharmacy Reports: UAMS and Harding
APA Academy Reports: Compounding Academy,
Arkansas Association of Health-System

Pharmacists, Consultants Academy

Quality Notes from AFMC
Legislator Profile
Pharmacist Immunization Program
Member Spotlight
APA Photo Section
Member Classifieds
APA Calendar of Events
In Memoriam

Issue and content	Copy due	Content to designer	To printer	Mail date	
Fall 2014	Sept. 5	Sept. 19	Oct. 3	Oct. 14	
Winter 2015	Dec. 19	Jan. 2	Jan. 15	Jan. 29	
Spring 2015 (Convention issue)	March 15	March 29	April 12	April 22	
Summer 2015	June 19	July 6	July 17	July 28	

The Arkansas Pharmacist Ad Size and Rates

	Size	Dimensions	1X	Check Here	2X	Check Here	4X	Check Here
4-Color	Full page	0 F v 11	¢1 120	пете	Ć1 110	пете	\$1,070	пете
4-Color	Full page	8.5 x 11	\$1,130		\$1,110			
	Half page	3.75 x 9.5 vertical	\$1,020		\$1,010		\$980	
		7.5 x 4.75 horizontal						
	Quarter	3.75 x 4.75 vertical	\$850		\$840		\$830	
	page							
	Business	2.35 vertical	\$75		\$60		\$50	
	card	3.5 x 2 horizontal						
Black &	Full page	8.5 x 11	\$470		\$450		\$410	
White								
	Half page	3.75 x 9.5 vertical	\$360		\$350		\$320	
		7.5 x 4.75 horizontal						
	Quarter	3.75 x 4.75 vertical	\$240		\$230		\$220	
	page	4.75 x 3.75						
		horizontal						
	Business	2.35 vertical	\$60		\$55		\$45	
	card	3.5 x 2 horizontal						

Cover positions- Four Color Only

	Size	Dimensions	1X	Check	2X	Check	4X	Check
				Here		Here		Here
Inside	Full	8.5 x 11	\$1,356		\$1,332		\$1,284	
Front,	Page							
Back or								
Back								
Cover								

DESIGN SERVICES: APA offers in-house design services to help you with your ad design needs. Please call Eileen Denne at APA at 501-372-5250 for rates. Any ads submitted that are not camera-ready or do not meet the proper ad size will be re-set and production charges will be incurred at advertiser's expense.

File Type: All ads should be at least 300 dpi resolution, submitted electronically to communications@arrx.org as PDF, JPEG, TIFF or EPS files. When supplying files other than PDF, please include all original graphics used in file and all fonts used. Please ensure that your files color separate correctly.

Payment:

Due 30 days from date of invoice.

Contact: Eileen Denne, Sr. Director of Communications, 501-372-5250, Eileen@arrx.org

Arkansas Pharmacists Association Print/Web Advertising Contract

Please complete this form in its entirety and return, signed to APA. Email a PDF to Eileen@arrx.org or fax to 501-372-0546. Contact Name: _______ Company Name: City: State: Zip: Phone:______ Fax:_____ Email:_____ Payment: All ads are invoiced after publication. All payments are due 30 days from the date of invoice. After initial 30 days, a late fee of \$50 will be charged for every 30 days thereafter until payment is received. Cancellation Policy: Cancellations and changes cannot be accepted after the closing date/deadlines. Advertisers receiving multiple frequency discounts who do not fulfill their contracts must rebook upon cancellation and run the ad within 12 months of the first date in the contact or be back-billed at the one-time rate for canceled ads. Advertising Requirements/Policies: Multiple frequency advertisers wishing to run new ad copy must supply new artwork and notify APA of any changes before the closing date for issue. The publisher reserves the right to reject any advertising. Advertisers and their agencies assume liability for any claims which may arise from their advertising. Advertisements are interspersed throughout the editorial section of *The Arkansas Pharmacist*. Positioning of ads is at the discretion of the publisher except where a request for a specific preferred position is acknowledged by the publisher in writing. Authorized Signature: _____ Date: This form will be used to secure space in APA's quarterly journal or website and will act as an intent to purchase advertising. Check below and return with pages 2 and/or 3 with ad size and frequency checked. The Arkansas Pharmacist: _____Fall 2014 ______Winter 2015 ______ Spring 2015 _____Summer 2015 _____Fall 2015 Total Cost: Billing: _____ Company _____ Advertising Agency Payment: _____ Send Invoice _____ Check enclosed _____ Charge MC / Visa / Amex / Discover Number:_____ Expiration: _____ Name on card:______ 3 or 4 digit code:_____

Signature:______ Billing zip code:______