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INTERNAL USE ONLY	
Acct #: _____	ORDER TYPE
AM: _____	<input type="checkbox"/> New
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DELIVERY	<input type="checkbox"/> Special
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<input type="checkbox"/> mail _____ copies	<input type="checkbox"/> Remnant

STEP 1: CHOOSE EDITIONS

5% Multiple Edition Discount

- Prince George's County
- Anne Arundel County
- Southern Maryland
- Montgomery County
- Arlington-Fairfax
- Loudoun-West Fairfax
- Alexandria-Springfield
- Prince William County
- North Baltimore County
- Howard County-Catonsville
- Carroll County-W. Baltimore
- East Baltimore County

STEP 2: CHOOSE COLOR

Color Charge Is Per Ad Per Month

- 1 Month - \$90/ad/month
- 3 Months \$70/ad/month
- 6-12 Months \$50/ad/month

STEP 3:

**CHOOSE MONTHS/
REPETITION**

- January _____
- February _____
- March _____
- April _____
- May _____
- June _____
- July _____
- August _____
- September _____
- October _____
- November _____
- December _____

STEP 4: CHOOSE the SIZE and FREQUENCY for BEST PRICE*

PREMIUM PAGES	<input type="checkbox"/> 1x	<input type="checkbox"/> 3x	<input type="checkbox"/> 6x	<input type="checkbox"/> 12x	Width x Depth
<input type="checkbox"/> Back Cover	\$1386	\$1095	\$985	\$875	8 ³ / ₄ " x 11"
<input type="checkbox"/> Inside Covers	\$1095	\$810	\$765	\$720	8 ³ / ₄ " x 11"
<input type="checkbox"/> Exclusive page†	\$710	\$575	\$515	\$460	8 ³ / ₄ " x 11"
STANDARD SIZES (FRONT HALF of PUBLICATION, and CENTER PAGES)					
<input type="checkbox"/> Full page	\$995	\$850	\$755	\$680	8 ³ / ₄ " x 11"
<input type="checkbox"/> 1/2 page	\$550	\$455	\$420	\$390	8 ³ / ₄ " x 5 ³ / ₈ **
<input type="checkbox"/> mini 1/2 page	\$490	\$380	\$340	\$315	6 ¹ / ₂ " x 5 ³ / ₈ "
<input type="checkbox"/> 1/4 page	\$350	\$290	\$260	\$240	4 ¹ / ₄ " x 5 ³ / ₈ "
<input type="checkbox"/> 1/6 page	\$260	\$230	\$210	\$185	4 ¹ / ₄ " x 2 ⁵ / ₈ "
<input type="checkbox"/> 1/8 page	\$210	\$165	\$150	\$130	4 ¹ / ₄ " x 2 ⁵ / ₈ "
STANDARD SIZES (BACK HALF of PUBLICATION)					
<input type="checkbox"/> Full page	\$785	\$635	\$540	\$465	8 ³ / ₄ " x 11"
<input type="checkbox"/> 1/2 page	\$515	\$400	\$360	\$315	8 ³ / ₄ " x 5 ³ / ₈ **
<input type="checkbox"/> mini 1/2 page	\$375	\$300	\$265	\$235	6 ¹ / ₂ " x 5 ³ / ₈ "
<input type="checkbox"/> 1/4 page	\$260	\$215	\$180	\$155	4 ¹ / ₄ " x 5 ³ / ₈ "
<input type="checkbox"/> 1/6 page	\$225	\$155	\$135	\$110	4 ¹ / ₄ " x 3 ⁵ / ₈ "
<input type="checkbox"/> 1/8 page	\$150	\$105	\$95	\$80	4 ¹ / ₄ " x 2 ⁵ / ₈ "
<input type="checkbox"/> 1/16 page	\$ N/A	\$ N/A	\$ 45	\$ 35	2 ¹ / ₄ " x 2 ⁵ / ₈ "

* Prices are for each ad ordered, i.e., per each ad, per each edition, per each month.

**1/2 page tall 4¹/₄" x 11" also available † Exclusive Page display size is 6¹/₂" x 8"

Additional Comments:

ON ALL ORDERS: THERE IS A ONE TIME SETUP FEE OF \$25 FOR EACH AD, \$10 FOR EACH PHOTOGRAPH AND \$10 FOR PROCESSING CAMERA READY ART.

STEP 5: BILLING INFORMATION: (There is a 5% prepayment discount for future months paid with this order.)

Company Name _____ Phone _____

Contact Person _____ Email _____ Fax # _____

Street _____ Suite # _____

City _____ State _____ Zip _____

Bill _____ Credit Card: Card #: _____ Exp. date _____

ARTICLE SUBMISSION: Will customer submit an article? ____ Yes, ____ No. Articles are completely separate from the order for ad space, except for orders for Exclusive Pages. Health professionals who submit an article must follow Article Submission Guidelines. Failure to provide an acceptable article by the deadline does not relieve the customer of the obligation to pay for the ad space, in any case.

AUTHORIZATION: I, (person signing), am duly authorized to make this order. I understand and agree that: Failure to furnish copy, or to approve ad design prior to printing does not relieve me, (the customer), of my obligation to pay for the reserved space, whether the ad runs or not. This order is cancellable in cases defined in YHM Cancellation Policy. Payment is due by the invoice due date. Invoices not paid by the due date incur a \$25 late charge for each ad and each edition ordered, and any discounts given are forfeited, and the (1x) price above becomes due for each ad for each edition. Bills left unpaid for 60 days incur an additional \$150 collection fee, legal fees up to 35%, interest at 2% per month, and all collection costs, and I agree to pay those charges. Disputes arising from this agreement must be in writing and will be governed by the laws of Maryland and adjudicated in court located in Upper Marlboro, MD. For more information, visit www.yourhealthmagazine.net.

I have received and agree to comply with the Article Submission Guidelines and Ad Submission Guidelines.

Customer Signature _____ Print Customer Name Here _____ Date _____

ALL ORDERS MUST BE APPROVED BY THE PUBLISHER BEFORE THEY ARE ACCEPTED BY YOURHEALTH MAGAZINE (PUBLISHER'S APPROVAL _____)