

# TRAVIS COUNTY MEDICAL SOCIETY

Advertising Contract

Jenny Winkler, Travis County Medical Society  
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Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

1. JOURNAL ..... Subtotal: \_\_\_\_\_

Full page	2/3 page	1/2 page	1/3 page	1/6 page	Placement:
Jan/Feb 200__	Mar/Apr 200__	May/Jun 200__	Jul/Aug 200__	Sep/Oct 200__	Nov/Dec 200__

2. NEWSLETTER ..... (\$225 month) Subtotal: \_\_\_\_\_

Jan 200\_\_ Feb 200\_\_ Mar 200\_\_ Apr 200\_\_ May 200\_\_ Jun 200\_\_ Jul 200\_\_ Aug 200\_\_ Sep 200\_\_ Oct 200\_\_ Nov 200\_\_ Dec 200\_\_

3. DIRECTORY (annual, pictorial) (\$825 tab /covers, \$700 full page) Subtotal: \_\_\_\_\_

Year: \_\_\_\_\_ Placement: \_\_\_\_\_

4. DIRECTORY (annual, pocket-size) ..... (\$900 covers and inside) Subtotal: \_\_\_\_\_

Year: \_\_\_\_\_ Placement: \_\_\_\_\_

SUBTOTAL: \_\_\_\_\_

Package 20% discount (Applicable to subtotals of \$3400 or more): \_\_\_\_\_

(Options: pay in full or monthly) GRAND TOTAL: \_\_\_\_\_

Advertiser: \_\_\_\_\_ DATE: \_\_\_\_\_

TCMS Representative: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE  
SIGN  
HERE!

## TERMS AND CONDITIONS

1. Remit payment to: Travis County Medical Society, PO Box 142531, Austin, TX 78714-2531.
2. Acceptance of advertising by Travis County Medical Society in no way constitutes approval or endorsement of products or services advertised; and is subject to the publisher's approval and to agreement by the advertiser to indemnify and protect the publisher from loss or expense on claims or suits based upon the contents of such advertisements. This includes suits for libel, plagiarism, copyright infringement and unauthorized use of a person's name or photograph. The publisher reserves the right to revise any, and all copy, that may be deemed objectionable.
3. We, the above named advertiser, authorize the TCMS to publish our advertising under the terms stated here.
4. Ad placement is accepted on an availability basis. TCMS cannot guarantee a specific publication date or specific page number for an ad.
5. All regulations printed on this insertion order are accepted as part of this contract. It is understood and agreed that the publisher is not bound by any verbal agreement not specifically stated in this agreement. Advertiser agrees that the publisher's maximum liability shall be the amount paid by the advertiser to the publisher.
6. All claims or errors in publication shall be made within three days thereafter and if not so made shall not be considered. No claim will be allowed for more than one incorrect insertion, or for errors affecting the value of the publication. By signing this contract, the advertiser agrees to pay for all advertising published in accordance with the contract terms. Changes must be in writing and are accepted until the first of the month preceding publication. When new copy for contracted insertions are not received by the closing date, previous copy may be used without notification.