



# Santa Cruz County Medical Society

*Advocating for patients and physicians*

1975 Soquel Drive #215 ☪ Santa Cruz CA 95065-1821  
P: (831)479-7226 ☪ F: (831)479-7223 ☪ E: [sccms@cruzmed.org](mailto:sccms@cruzmed.org)

## Membership Directory Member Advertising Rates

Published Annually

Overall page size is 5" wide x 8" high.

All Advertising Fees Must Be Paid in Advance.

<b>Full Page Color Cover</b> .....	<b>\$1,950.00</b>
SCCMS member rate	No discount
<b>Full Page Tab</b> .....	<b>\$1,550.00</b>
SCCMS member rate	\$ 1,050.00
<b>Full Page b/w</b> (5" wide x 8" high).....	<b>\$1,250.00</b>
SCCMS member rate	\$ 750.00
<b>Half-Page Tab b/w</b> (5" wide x 4" high).....	<b>\$1,000.00</b>
SCCMS member rate	\$ 700.00
<b>Half-Page b/w</b> (2.5" wide x 8" high) or (5" wide x 4" high).....	<b>\$750.00</b>
SCCMS member rate	\$ 550.00
<b>Quarter-Page b/w</b> (2.5" wide x 4.0" high).....	<b>\$550.00</b>
SCCMS member rate	\$ 350.00
<b>Business Card b/w</b> .....	<b>\$325.00</b>
SCCMS member rate	\$ 200.00

The directory is photo-offset printed.  
Copy charges will apply to advertisements that are not camera-ready.

All advertising is subject to approval by the SCCMS Public and Media Relations Committee prior to publication.  
The SCCMS reserves the right to refuse any advertising.



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## Membership Directory Member Advertising Contract

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

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

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

City/State/Zip \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

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

The **Advertiser** (named above) authorizes the **Santa Cruz County Medical Society** to publish an advertisement in its **Membership Directory & Desk Reference** according to the following specifications:

**Size of Ad** (refer to Advertising Rate Sheet): \_\_\_\_\_

**Price of Ad** (refer to Advertising Rate Sheet): \_\_\_\_\_

**Please check all that apply:** (Contact SCCMS for advertisement & full payment deadline date)

- Advertisement enclosed
- Advertisement was emailed to: [sccms@cruzmed.org](mailto:sccms@cruzmed.org)
- Advertisement will be emailed to [sccms@cruzmed.org](mailto:sccms@cruzmed.org) on \_\_\_\_\_
- Full payment enclosed
- Full payment will be mailed on \_\_\_\_\_

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

Make checks payable to:

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