



The Washington Physicians Directory

P.O. Box 4436, Silver Spring, MD 20914 301-384-1506 Fax 301-384-6854 wpd@wpdnetwork.com

Please complete this form and return it *with your payment or your charge instructions* by **January 6, 2012**. If you need assistance, have a question about the DIRECTORY, or wish to discuss display advertising, please call 301-384-1506. The 2012 print edition will be distributed March 31, 2012. Your listing will appear on our website at no additional charge.

BASIC LISTING INFORMATION

Please include the following information in my listing for \$43.50

I understand I'll receive a *complimentary* copy, a \$57.00 value.

Name _____
(Personal or Trade – For personal, please include credentials, i.e. FACFAS, ABPS, etc.)

National Provider Identifier (NPI) _____

Street _____

City _____ State _____ Zip _____

Phone# _____ Fax# _____

ADDITIONAL ADDRESSES

I want to include these additional addresses in my listing.

The charge for each additional address and/or e-mail is \$20. A website is \$30.

2nd address \$20 _____

City _____ State _____ Zip _____

Phone# _____ Fax# _____

3rd address \$20 _____

City _____ State _____ Zip _____

Phone# _____ Fax# _____

4th address \$20 _____

City _____ State _____ Zip _____

Phone# _____ Fax# _____

E-mail address \$20 _____

Website address \$30 _____

CHARGES

Basic Listing = \$ 43.50

\$20 x # of add'l addresses and/or e-mail _____ = \$ _____

Website Address \$30 = \$ _____

1/16 Page Enhancement Ad (includes *your* free basic listing) \$310 = \$ _____

TOTAL PAYMENT \$ _____

PAYMENT OPTIONS

Check enclosed, payable to *Washington Physicians Directory*

Charge my: Visa MasterCard American Express

Card # _____ Exp. Date _____

Signature _____

ADDITIONAL LISTING OPPORTUNITIES

1/16 PAGE ENHANCEMENT AD

\$310
(Includes One Free Basic Listing)

Sample 1/16 page ad
4 3/4" x 9/16"

I PREFER A 1/16 PAGE ENHANCEMENT AD.

I've completed the information section for my listing, calculated my charges, filled in my ad copy below,* and included my payment or charge information.

FOXHALL PODIATRY Diabetic Foot Care / Surgery
M. Joel Morse, DPM, Diplomate, American Board of Podiatric Surgery
 NW WASH, DC • MARLOW HGTS, MD **202-966-4811**

Your Ad Copy —Your copy, when condensed, must fit in the space above; so please be succinct.

* Electronic files (see R.O.P.) accepted.
It must be 4 3/4" x 9/16" with border.

DISPLAY ADVERTISING RATES AND MECHANICAL REQUIREMENTS

I AM INTERESTED IN A LARGER DISPLAY AD.

Please call me at _____

There is no charge for basic listings when you reserve a 1/8 page, or larger, display ad.

MECHANICAL REQUIREMENTS & COSTS

| Size of Material | Width | Depth | Cost |
|--|--------|---------|----------|
| Trim size | 6 1/8" | 9" | |
| Image area | 5" | 8" | |
| Bleed size | 6 1/2" | 9 1/2 " | |
| (All live copy and/or illustrations must be kept at least 1/2" from all trim or binding edge.) | | | |
| Full Page Ad | 5" | 8" | \$ 2,400 |
| 1/2 Page Ad | 5" | 4" | \$ 1,415 |
| 1/4 Page Ad | 5" | 2" | \$ 890 |
| 1/8 Page Ad | 5" | 1" | \$ 555 |

(Ad design is available at an additional cost.)

R.O.P.: printed web offset. Electronic files required: QuarkXPress, Illustrator, InDesign - press quality (high resolution) PDF with fonts embedded or outlined preferred. For EPS files, save with a PC Preview. If **all fonts** are not embedded or outlined, include printer and screen font files. Proofs required. All color **must be** CMYK. Please contact the publisher if you have spot color or questions concerning the compatibility of your software.

The complete **50th Anniversary Edition Rate Sheet** and the **Insertion Order** is posted on our website - www.wpdnetwork.com