

North Carolina Pharmacist Advertising Contract

~ Established in 1915 ~

Official Journal of the North Carolina Association of Pharmacists

The company, _____, authorizes *North Carolina Pharmacist* to include advertisement(s) of specified size, color and positioning in the issues selected below or on the NCAP meeting app. All camera-ready or digital work will be submitted to the editor of *North Carolina Pharmacist* by the dates outlined on the Rate Sheet. This contract is an extension of the information found on the *North Carolina Pharmacist* Rate Sheet.

Check all that Apply

WINTER SPRING SUMMER FALL

Space Rates	Single Ad	Annual Contract	Total
1 Page	\$650	\$575 X 4	Per Issue(s) _____
1/2 Page	\$525	\$450 X 4	Per Issue(s) _____
1/4 Page	\$350	\$300 X 4	Per Issue(s) _____
1/8 Page	\$200	\$150 X 4	Per Issue(s) _____
Electronic Newsletter	\$150	\$100 X 24	Per Issue(s) _____

Company Name _____

Contact Name _____ Phone _____

Billing Address _____

City _____ State _____ Zip _____

Billing Email _____ Billing Fax _____

Agent Signature _____ Date _____

Print Name & Title _____

Advertising Contact [Rhonda Horner-Davis](#) Email rhonda@ncpharmacists.org

Payment

Name on Card _____ Type MC Visa AmEx Discover

Card Holder's Address _____ City _____ State _____ Zip _____

Card Number _____ Exp _____ Security Code _____

Signature _____ Date Signed _____

By Mail: *North Carolina Pharmacist* Ad, 1101 Slater Road, Suite 110, Durham, NC 27703