

NORTHERN CALIFORNIA PSYCHIATRIC SOCIETY

Newsletter Classified and Advertisement Rates

The Northern California Psychiatric Physician

Circulation: 1000

Frequency: 6 issues per year

Advertising Rates as of January 1, 2022 (per issue or run time)

As of January 1, 2016, we have moved to a full online digital color newsletter. We no longer print and mail our newsletters. Our bi-monthly newsletter is sent to members once in the two month period and resides indefinitely on our member dashboard for viewing anytime.

Newsletter Advertisement Rates per issue

Full Page	8" W x 10 1/2" L	\$700
1/2 Page	8" W x 5 1/4" L	\$350
1/4 Page	4" W x 5 1/4" L	\$175
Banner	8" W x 3 1/2" L	\$175
All digital ads are full color and can include links to other sites		

Newsletter Classified Ads

Help Wanted, For Rent, Services

Member Rate:

150 words - \$50.00

photos included

Additional words - .75 cents per word

Non-Member:

150 words - \$100.00

photos included

Additional words- .75 cents per word

Newsletter publication schedule - 2022

Issue	Ad Due Date	Publication Date
January/February	January 11, 2022	January 26, 2022
March/April	March 8, 2022	March 30, 2022
May/June	May 27, 2022	June 1, 2022
July/August	July 12, 2022	July 27, 2022
September/October	September 13, 2022	September 28, 2022
November/December	November 15, 2022	November 30, 2022

NORTHERN CALIFORNIA PSYCHIATRIC SOCIETY

Newsletter Classified and Advertisement Agreement

Frequency: 6 issues per year

The advertiser below hereby requests the following advertising placement in the NCPS Psychiatric Physician:

Ad Size/Type	Width	Height	Rate
Full Page-color	8"	10 1/2"	\$700
1/2 Page- color	8"	5 1/4"	\$350
1/4 Page- color	4"	5 1/4"	\$175
Banner - color	8"	3 1/2"	\$175
Classified-Member	\$50 - 150 words +.75 per word		
Classified- Non Member	\$100 - 150 words + .75 per word		

Total Cost: \$ _____

Please send the completed agreement, payment and advertisement (classified ad in a word format and picture ad in a jpeg format) via email to info@ncps.org.

Contact Name : _____

Company: _____

Address: _____

Phone/Fax: _____ Email: _____

Payment Type: ___ Check (Please make payable to "NCPS") ___ Mastercard ___ Visa ___ Amex

Check/Card Number _____ Exp. Mo/Yr: _____ V-Code _____

Cardholder's Name _____

Billing Mailing Address: (if different than address above)

Street Address

City

State

Zip

Please E-Mail Completed Agreement to:

NCPS 77 Van Ness Ave., Ste. 101, #2022, San Francisco, CA 94102 Fax: 415-239-2533 Email: info@ncps.org

Questions: 415-334-2418

Tax ID # 94-6079052