

COMPANY _____

CONTACT _____

TELEPHONE (INCLUDE AREA CODE) _____

EMAIL _____

ADDRESS _____

CITY, STATE, ZIP _____

Rate*\$ _____

Rate*\$ _____

Rate*\$ _____

Rate*\$ _____

Rate*\$ _____

Rate*\$ _____

Total Marketing Order\$ _____

If you would like the rate card sent to you or if you have questions, please call Barbara Redmond at 312.419.9094 x26; fax, 312.419.8950; email, redmond@mail.mlahq.org.

* For rates and information, please refer to the current MLA Rate Card or go to www.mlanet.org/marketing.

ADVERTISING/MARKETING INSERTION ORDER FORM

Check publication/issue(s)

Check all instructions that apply

Check all instructions that apply

MLANEWS

- JAN JUN/JUL
 FEB AUG
 MAR SEP
 APR OCT
 MAY NOV/DEC
- New ad
 Repeat ad from _____ issue

- Color
 Black & white
 Spread
 Full page
 Half page
 Quarter page
 Inside front cover
 Inside back cover
 Back cover
 Other guaranteed position

JMLA

Journal of the Medical Library Association

- JAN APR
 JUL OCT
- New ad
 Repeat ad from _____ issue

- Color
 Black & white
 Spread
 Full page
 Half page
 Quarter page
 Inside front cover
 Inside back cover
 Back cover
 Other guaranteed position

Online Sponsorships

MLANET

- October through March
 April through September

Banner Size _____

Banner Position _____

Annual Meeting Publications

Call for available positions

- PRELIMINARY PROGRAM
 OFFICIAL PROGRAM
- New ad
 Repeat ad from _____

- Color
 Spread
 Full page
 Half page
 Inside front cover
 Inside back cover
 Back cover
 Other guaranteed position

MLA FOCUS

Electronic Newsletter

Banner ad 120px W x 240px H or paragraph-style 50-word maximum message

- 3-month period (6 issues)

_____ to _____

Membership Email Blasts

HTML messages



Number of Messages _____

Desired Week(s) _____



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MLA16 CHLA/ABSC ICLC

May 13-18, 2016 Toronto

www.mlanet.org #mlanet16
Medical Library Association