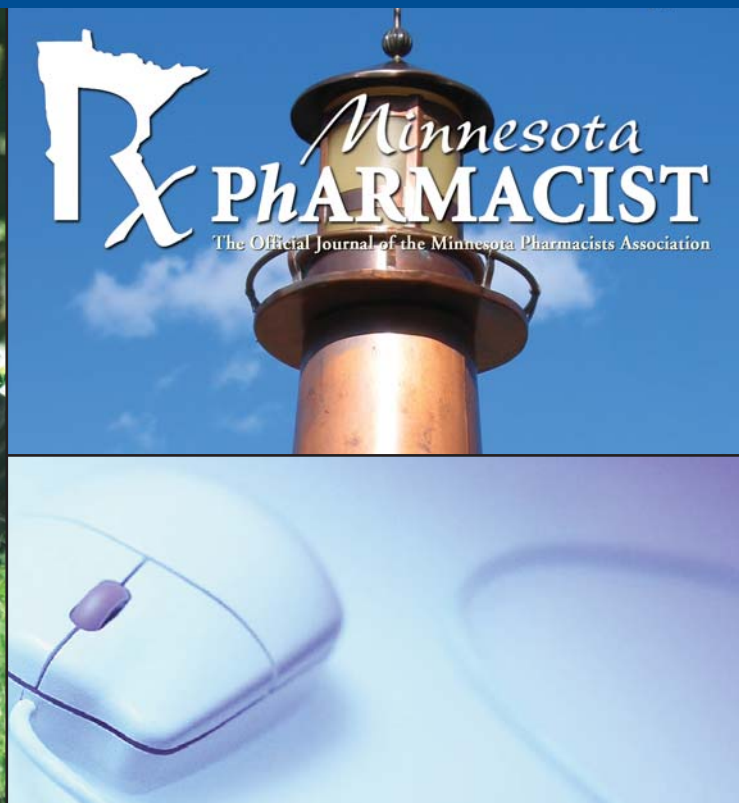
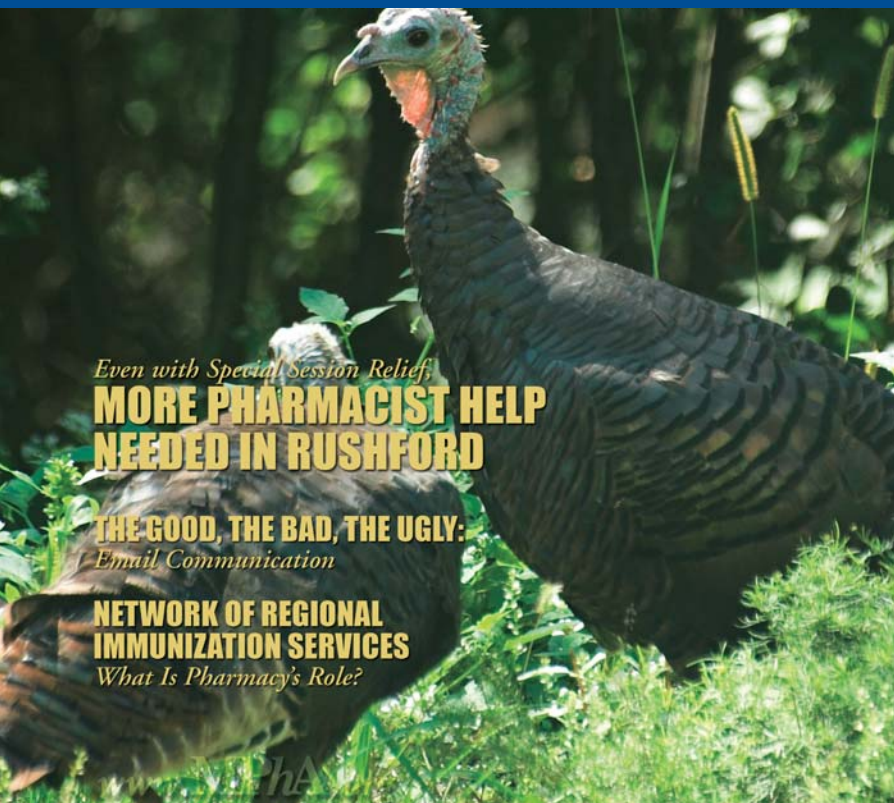


**RxMPhA**  
*Minnesota Pharmacists Association*

# ADVERTISING

# 2010



ADVERTISING OPPORTUNITIES



## ADVERTISING FORM

# CAPS NEWSLETTER MONTHLY

CHECK YOUR LEVEL OF SUPPORT BELOW:

ANNUAL - \$5,000

- Logo recognition on first page of fax.
- Logo recognition on email version with link.

MONTHLY - \$500

- Logo recognition on email version with link.

Mail or Fax to:  
 Minnesota Pharmacists Association  
 1935 W. County Rd B2, Suite 165  
 Roseville, MN 55113  
 651-697-1776 fax

Support MPhA by sponsoring an issue of our CAPS monthly newsletter. This newsletter is distributed the first Friday of each month by fax to pharmacies throughout Minnesota, and by email to our member listserve. CAPS are archived on the MPhA website for public and member view.

Sponsors may choose to have their name or logo displayed on the first page of the newsletter and on the email version of the newsletter. Email version will include a link to the sponsors website or product. Choose the months you want, or sponsor the whole year!

Contact Barb Smothers at the MPhA office for more information or to confirm sponsorship availability: [barb@mpha.org](mailto:barb@mpha.org) or 651-789-3205.

Firm: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_

TOTAL SUPPORT AMOUNT: \$ \_\_\_\_\_

MONTH(S): \_\_\_\_\_

Check enclosed  Check coming from HQ  Charge: MC / Visa / Amex / Discover

NUMBER: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_ 3 OR 4 DIGIT CODE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ BILLING ZIP: \_\_\_\_\_

This form must be signed and returned with payment in full to the MPhA office before acknowledgement will be given.

THE UNDERSIGNED AGREES TO SPONSORSHIP FOR THE AMOUNT INDICATED ABOVE:

Name and Title (please print): \_\_\_\_\_

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



## ADVERTISING FORM

# WEBSITE SPONSORSHIP

[www.mpha.org](http://www.mpha.org)

CHECK YOUR LEVEL OF SUPPORT BELOW:

- SITE SPONSORSHIP - \$10,000**
  - Non-rotating logo recognition with link on all pages for 12 consecutive months.
  - Recognition in *Minnesota Pharmacist*.
  - 25% discount on journal advertising.
- ROTATING SPONSOR - \$250/MO**
  - Logo with link rotates on all pages.
- MTM SPONSOR - \$2,000/6 MO**
  - Prominent non-rotating logo with link on MTM web page for six consecutive months..

**MPhA Tax ID Number: 41-0634015**

Mail or Fax to:  
 Minnesota Pharmacists Association  
 1935 W. County Rd B2, Suite 165  
 Roseville, MN 55113  
 651-697-1776 fax

Sponsorship does not indicated endorsement by the Minnesota Pharmacists Association.

Support MPhA while advertising your company on our website! Sponsorship provides maximum visibility to your company while allowing us to continue growing our website with up-to-date topics and information relevant to pharmacists and consumers. With three different options to choose from, we are sure you will find the perfect visual solution for your needs.

**SITE SPONSORSHIP** places your logo and message prominently on the MPhA website. This generous sponsorship allows the association to maintain current web features, as well as investigate new additions to meet the growing needs of our members and consumers.

Our **ROTATING SPONSOR** box displays your logo and link on each web page to provide maximum visibility to viewers. Sponsors who commit to a minimum of six months may receive a 10% discount when amount is paid in full.

Support our growing MTM resources by becoming a **MTM SPONSOR**. This page is not only popular with our Minnesota MTM providers, but also with providers in other states across the country. More than one sponsor may be listed. Sponsors who commit to a full year may receive a 10% discount when amount is paid in full.

Contact Barb Smothers at the MPhA office for more information or to confirm sponsorship availability: [barb@mpha.org](mailto:barb@mpha.org) or 651-789-3205.

Firm: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_

**TOTAL SUPPORT AMOUNT: \$** \_\_\_\_\_

**MONTH(S):** \_\_\_\_\_

Check enclosed  Check coming from HQ  Charge: MC / Visa / Amex / Discover

NUMBER: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_ 3 OR 4 DIGIT CODE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ BILLING ZIP: \_\_\_\_\_

This form must be signed and returned with payment in full to the MPhA office before acknowledgement will be given. Payment must be received before sponsorship can go live.

THE UNDERSIGNED AGREES TO SPONSORSHIP FOR THE AMOUNT INDICATED ABOVE:

Name and Title (please print): \_\_\_\_\_

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

## ADVERTISING

# MINNESOTA PHARMACIST

quarterly journal

### WINTER - JANUARY

- Advertising due December 4, 2010

### SPRING - APRIL

- Advertising due March 5, 2010

### SUMMER - JULY

- Advertising due June 4, 2010

### FALL - OCTOBER

- Advertising due September 3, 2010

Contact Barb Smothers at the MPhA office for more information: [barb@mpha.org](mailto:barb@mpha.org) or 651-789-3205.

- \$100 frequency discount available on annual reservation (4 issues).
- MPhA meeting exhibitors receive \$100 advertising credit when placing an ad in the issue preceding the event. *Signed exhibiting confirmation notice must be received by our office for discount to be effective.*

The *Minnesota Pharmacist* is a quarterly journal publication of the Minnesota Pharmacists Association (MPhA), with a circulation of 1,800. The leading information resource for pharmacy in Minnesota, each journal includes in-depth articles on clinical, practice, industry, management and legislative issues.

**APPROVAL & PLACEMENT:** All advertising is subject to publisher's approval. Acceptance of advertisement does not constitute endorsement, and is subject to space availability. To reserve space in an upcoming journal, submit an *Advertising Purchase Request* form by the indicated due date. Orders must be received before deadline to hold space. Please call ahead if you have deadline conflicts.

**ERRORS:** The publisher shall not be liable for slight changes or typographical errors which do not lessen the value of the advertisement. The publisher shall not be liable for any other errors appearing in any advertisement unless the magazine received corrected copy before the issue deadline with corrections plainly noted.

**INDEMNIFICATION:** All advertisements are accepted and published on the representation that the advertiser and/or the advertising agency are authorized to publish the entire contents and subject matter thereon, as confirmed by verbal or written order from the person representing the advertiser and/or advertising agency. The advertiser agrees to indemnify and hold the publisher and production company harmless from any and all liability, claims, demands or damages arising out of the advertising or on behalf of the advertiser. Such indemnity includes the provision of a defense to any actions or claims and the payment of cost and attorney's fees in connection therewith.

**SUPPLYING FILES:** Files may be emailed or mailed to the MPhA office.  
*Preferred mailed formats:* CD saved for PC use or clean art suitable for scanning.  
*Preferred email formats:* High/Press quality PDF with proper color separations.  
*Accepted file formats:* PC saved Photoshop EPS, TIF, DCS or JPEG (maximum quality), Illustrator EPS, PC Word, PC QuarkXPress. *When supplying files other than PDF, you must include all original graphics used in file and all fonts used.* Please ensure that your files color separate correctly.

## AD SIZE AND RATES

Size	Dimensions	SINGLE INSERTION	
		Black & White	CMYK
Full page	8.5 x 11	\$740	\$1,470
Half page	3.75 x 9.5 vertical	\$485	\$1,215
	7.5 x 4.75 horizontal	\$485	\$1,215
Third page	2.9 x 9.5 vertical	\$430	\$1,160
	7.5 x 3.125 horizontal	\$430	\$1,160
Fourth page	3.75 x 4.75 vertical	\$335	\$1,065
	4.75 x 3.75 horizontal	\$335	\$1,065
Eighth page	2 x 3.5 vertical	\$200	N/A
	3.5 x 2 horizontal	\$200	N/A
Classified	over 75 words	\$50	N/A
	under 75 words	\$25	N/A



# MINNESOTA PHARMACIST

## 2010 EDITORIAL CALENDAR AND SUBMISSION DATES

*The Leading Information Resource for Pharmacy in Minnesota*

Month/Issue	Focus	Editorial Deadline	Advertisement Deadline	Mails
<b>WINTER</b> <i>This is a special publication issue that serves as a resource directory to be used throughout the year.</i>	Year In Review AWA <sub>R</sub> x <sub>E</sub> Directory Resource for: <ul style="list-style-type: none"> <li>• MPhA Board &amp; Staff</li> <li>• College of Pharmacy</li> <li>• Board of Pharmacy</li> <li>• Legislators</li> <li>• DHS committees</li> <li>• Links &amp; Resources</li> </ul>	November 6	December 4	January
<b>SPRING</b>	Pharmacy Legislative Day Wrap Mid-Session Report	February 26	March 5	April
<b>SUMMER</b>	PharmPAC Newsletter Annual Meeting Wrap Session Wrap House of Delegates Report New MPhA Board Members	May 7	June 4	July
<b>FALL</b>	Fall Clinical Symposium Wrap Promote Pharmacy Legislative Day Award Nomination Forms	August 13	September 3	October
EVERY ISSUE	Presidents Desk Executives Report Public Affairs Feature articles MPhA featured member benefit Pharmacy & the Law/Financial Forum			

Exhibitors are eligible for a discounted advertising rate for the issue promoting the event.

The *Minnesota Pharmacist* is a quarterly journal publication of the Minnesota Pharmacists Association (MPhA).

All advertising and feature articles are subject to publisher's approval. Acceptance of advertisement or editorial content does not constitute endorsement, and is subject to space availability.

MPhA accepts editorial content that has a direct link to professional management, growth or initiatives in the pharmacy field. To be considered for publication, submit your name (along with any connections to a specific product or company) with a sample or explanation of your editorial content to Barb Smothers at [barb@mpha.org](mailto:barb@mpha.org) or fax to 651-697-1776. Authors will be notified if their submissions are accepted for publication. All authors receive a complimentary copy of the issue containing their content.



## ADVERTISING REQUEST FORM

# MINNESOTA PHARMACIST

quarterly journal

### WINTER - JANUARY

- Advertising due December 4, 2010

### SPRING - APRIL

- Advertising due March 5, 2010

### SUMMER - JULY

- Advertising due June 4, 2010

### FALL - OCTOBER

- Advertising due September 3, 2010

Mail or Fax to Barb Smothers  
Minnesota Pharmacists Association  
1935 W. County Rd B2, Suite 165  
Roseville, MN 55113  
651-697-1776 fax

- Tear sheets will be supplied with invoice or receipts to the billing address provided.
- \$100 frequency discount per issue on annual reservation (4 issues).
- MPhA meeting exhibitors receive \$100 advertising credit on orders when placed in the issue preceding the event. *Signed exhibiting confirmation notice must be received by our office for discount to be effective.*
- Include yourself on our journal mailing list by becoming an Associate Member! Annual subscriptions of \$100 are also available.
- Questions? Contact Barb Smothers at the MPhA office: barb@mpha.org or 651-789-3205

Company Advertising: \_\_\_\_\_

ISSUE:  Winter  Spring  Summer  Fall  Annual (4 issues)

SIZE:  Full  Half  Third  Fourth  Eighth  Classified: -75 / +75

COLOR:  Black (*Eighth and Classified are black only*)  Full Color  Spot Color

TOTAL ADVERTISING COST: \$ \_\_\_\_\_

BILLING:  Above Company  Advertising Agency

Firm: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_

PAYMENT:  Invoice me  Check enclosed  Charge: MC / Visa / Amex / Discover

NUMBER: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_ 3 OR 4 DIGIT CODE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ BILLING ZIP: \_\_\_\_\_

INVOICE/ JOB NUMBER TO REFERENCE (*if applicable*): \_\_\_\_\_

This form will be used to secure space in MPhA's 2010 journals and will act as an intent to purchase advertising.

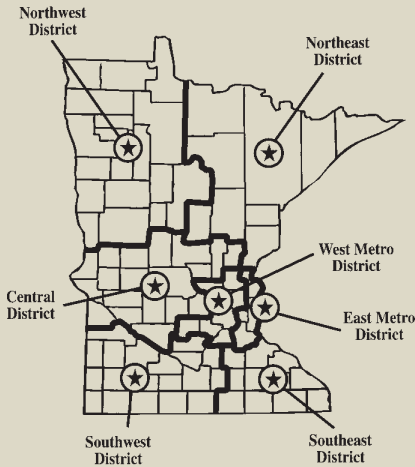
Name and Title (please print): \_\_\_\_\_

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

# ASSOCIATE MEMBERSHIP APPLICATION

## ASSOCIATE MEMBERSHIP - \$295

- Associate membership is a non-pharmacist application.
- Associate members enjoy all the benefits of membership with the exception of voting rights.
- District and primary academy are included in membership dues.



Mail or Fax to Angela Peek  
 Minnesota Pharmacists Association  
 1935 W. County Rd B2, Suite 165  
 Roseville, MN 55113  
 651-697-1776 fax

Full Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Birth Date: \_\_\_\_\_  Male  Female

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

PLEASE SEND MAIL TO:  RESIDENCE  BUSINESS

DISTRICT:  NW  NE  Central  West Metro  East Metro  SW  SE

*Your district is determined by your address. You may only participate in one district.*

ACADEMY:  Academic  Chain Management  Community  
 Hospital  Independent Owner  Industry  
 Long-Term Care/Consultant  Managed Care  MTM  
 Technician

You may participate in additional academies for an addition \$15 per academy.

List any additional academies here: \_\_\_\_\_

PAYMENT IN FULL:  Check enclosed  Charge: MC / Visa / Amex / Discover

NUMBER: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_ 3 OR 4 DIGIT CODE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ BILLING ZIP: \_\_\_\_\_

### MONTHLY DEBIT:

Deduct from checking: Attach voided check

Deduct from savings: Account # \_\_\_\_\_

Routing # \_\_\_\_\_

Charge my Credit Card: MC / Visa / Amex / Discover

NUMBER: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_ 3 OR 4 DIGIT CODE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ BILLING ZIP: \_\_\_\_\_



MINNESOTA PHARMACISTS ASSOCIATION  
1935 W. County Rd B2, Suite 165 • Roseville, MN 55113  
651-697-1771 • 651-697-1776 fax  
[www.mpha.org](http://www.mpha.org)