PSYCHIATRIC SOCIETY OF VIRGINIA

VIRGINIA NEWS

ADVERTISING RATES

INSERTION ORDER

Requested Publication Issue(s):

- Spring (April)
- Summer (June)
- Fall (September)
- Winter (December)

The deadlines for advertising materials are the following: Spring issue - March 1; Summer issue - May 1; Fall issue - August 1; Winter issue - November 1. Due to space constraints, ads are accepted on a first-come, first-served basis. Please submit this completed and signed insertion order as soon as possible to assure your selected advertising space. All ads should be produced as RGB or Index color and provided as 72 dpi jpg, png or gif files to Ray Hall via email at ray@societyhq.com. Ad production services are available for an additional fee of $110 per hour.

- PLEASE PRINT -

Advertiser ____________________________________________________________  Today’s Date ____________
Billing Client ________________________________________________________
Billing Address ________________________________________________________
City/State/Zip _________________________________________________________
Email Address ___________________________ Phone ______________ Fax __________
Headline _____________________________________________________________
Authorized Signature _________________________________________________
Requested URL link ________________________________________________

If you reserve ad space in all four issues of the PSV Newsletter, there is a 25% discount per issue.

<table>
<thead>
<tr>
<th>TOTAL SIZE</th>
<th>1x rate - $850</th>
<th>4x rate - $637 each</th>
</tr>
</thead>
<tbody>
<tr>
<td>1x rate - $450</td>
<td>4x rate - $337 each</td>
<td></td>
</tr>
<tr>
<td>1x rate - $250</td>
<td>4x rate - $187 each</td>
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</tbody>
</table>

Size: 750 px x 400 px horizontal
Size: 400 px x 200 px horizontal
Size: 200 px x 200 px

At the time of publication, your invoice will be issued. Payment is due within 15 days of invoicing or you may prepay for your ad. You will receive a link to the newsletter along with your invoice or receipt.

- Invoice me    - Payment with Credit Card

Special Instructions: ________________________________________________

Method of Payment:  
- Check   - VISA   - MasterCard   - American Express
Card No: ____________________________ Exp. Date ____________ CVV Security Code* __________
Signature ____________________________ Printed Name on Card ________________

*CVV code is the three digit number on the back of VISA or MC or 4 digit number on the front of AMEX card above the account number.

For payment by check, please make payable to PSVA and mail to:
Psychiatric Society of Virginia  •  2209 Dickens Road  •  Richmond, VA 23230-2005
Phone (804) 565-6313  •  Fax signed and completed form to: (804) 282-0090  •  Email: ray@societyhq.com

Fax Completed and Signed Insertion Order to (804) 282-0090