

# AAP-CA2

## 2022 Advertising Rates

### American Academy of Pediatrics – California Chapter 2 (AAP-CA2)

#### About Us

AAP-CA2 represents more than 1,500 pediatricians in the Southern California Counties of San Luis Obispo, Santa Barbara, Ventura, Kern, Los Angeles, San Bernardino, and Riverside. Our mission is to champion the overall health and well-being of children and support our members in these efforts. We strive to develop relevant publications to enhance the work of our members, community partners and the practice of pediatrics. We look forward to working with you to bring important updates and information to our members.

Scheduling of advertisement is based on period and availability of advertising space. Availability for advertising placement is limited. For more information, or to schedule an advertisement, please email us at [chapter2@aapca2.org](mailto:chapter2@aapca2.org) or call (818) 422-9877.

#### Electronic Newsletter – *Peds@CA2* (with concomitant website presence)

- The AAP-CA2 E-Newsletter, *Peds@CA2* is distributed once a month to more than 1,500 Chapter 2 members and community partners. Each edition of *Peds@CA2* is also posted on our website. Members and the community use this E-newsletter as a source of upcoming CME events, medical news, and member services.  
<http://aapca2.org/publications>

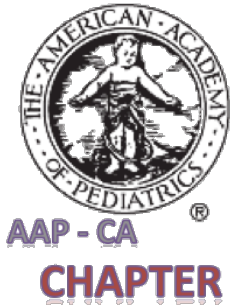
#### SCHEDULE:

Advertising for *Peds@CA2* is due by the 10<sup>th</sup> of each month. The E-Newsletter is distributed on the second weekend of every month. Distribution may be early or delayed based on pending important Chapter communications.

**RATES:** Advertisement space is available at the following rates \*:

- One-time Banner placement \$400
- 3 months \$960 (20% savings)
- 6 months \$1,680 (30% savings)
- 1 year \$2,880 (40% savings)

\* AAP-CA2 members and non-profit organizations receive a **50% discount** off of the marked price.



# AAP-CA2

## CHAPTER 2 2022 Advertisement Specs

### **SPECS FOR ALL ADS:**

Ads accepted are assumed to be in final format. Orders requiring typesetting, design, or resizing will be billed a \$75 fee. Acceptable formats include:

- GIF, JPEG, or PDF (500 kb max file size)
- Ads may be Text Only (250 words displayed\*), or Text and Image (150 words\*\*) depending on font size preference. Ads must not exceed 2" height on electronic version.
- \*, \*\* Ads may contain links to external websites, or to a full page document.

### **Acceptability of Advertising:**

All products and/or services to be considered for advertising must be related to, effective in, or useful for the practice of medicine and more specifically the specialty of pediatrics. All drugs, instruments, and equipment must be approved by the Food and Drug Administration and the advertisements must conform to all federal regulations. AAP-CA2 does not claim any responsibility for the contents of advertising and the acceptance of advertising does not in any way constitute endorsement or approval by the Chapter or the Academy of a product, service, or company. AAP-CA2 reserves the right to reject or cancel any advertising. All advertising submissions are subject to approval by the editor.

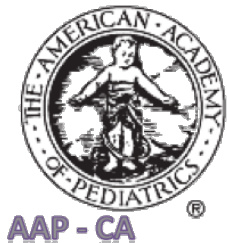
Please complete the order form below to reserve your placement now, or contact us for more information.

[chapter2@aapca2.org](mailto:chapter2@aapca2.org)

Tel. (818)422-9877

Tomás Torices, MD

Executive Director, AAP-CA2



# AAP-CA2

## CHAPTER 2 Advertisement Insertion Order

To advertise in AAP-CA2 publications, please submit this form to [chapter2@aapca2.org](mailto:chapter2@aapca2.org) along with the content and supporting media (images, .pdf documents).

**Disclosure – All advertisements are subject to approval by the AAP-CA2 newsletter committee:**

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

Contact Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Client Name (if agency): \_\_\_\_\_

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

**AD SPECS:**

PEDES@CA2 E-Newsletter Frequency: (circle one) 1 Month 3-month 6-month 12-month

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_

**PAYMENT INFORMATION**

Visa: \_\_\_\_\_ MasterCard: \_\_\_\_\_ Check: (Enclosed and payable to AAP – California Chapter2)

Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CSC: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit completed form to:**

Email: [chapter2@aapca2.org](mailto:chapter2@aapca2.org)

Address: AAP-CA2 P.O. Box 94127 Pasadena, CA 91109