



ADVERTISING RATES

2016-2017

The South Carolina Psychiatric Association represents more than 350 psychiatrists statewide. The rates below outline ad placement for SCPA's website (www.sepsych.org). Whether you're seeking new clients or posting a job opening, our online advertising kit gives you many options to choose from that will help your organization reach South Carolina's psychiatric community.



AD Placements

ADS MUST BE PAID IN FULL UPON SUBMISSION

TO PLACE ADVERTISEMENTS PLEASE FILL OUT THE SCPA APPLICATION FORM AND MAIL OR FAX WITH AD PAYMENT TO:

*SCPA Office
1215 Anthony Ave
Columbia, SC 29201
Fax: 803-254-3773*

Company: _____

Contact Name/Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

If you have any questions or wish to submit your application via email, please contact **makenzie.hudson@scpsych.org**.

RATES- CHECK ALL THAT APPLY

Classified Advertising

Up to 60 words:

- \$50 for 30- day posting (members)
- \$80 for 60-day posting (members)

- \$100 for 30-day posting (nonmembers)
- \$175 for 60-day posting (nonmembers)

Add-ons

- More than 60 words: **\$1 per word**
- Include logo/graphic with text: **\$25**

Display Ads

Place your clickable display ad on the SCPA homepage. Ads must be 275 pixels wide x 50 pixels high and in either JPEG or GIF format

- 1 month- **\$100**
- 3 months- **\$250**
- 6 months- **\$450**
- 12 months- **\$875**

SCPA ADVERTISING POLICY

The South Carolina Psychiatric Association has the sole discretion for determining the types of advertising that will be accepted and displayed on our website. The SCPA retains the right to reject advertising that is contrary to our mission.

The advertiser agrees to indemnify SCPA against claims resulting from unauthorized use of any advertising.

Please note: The SCPA requires pre-payment for all advertisements. The SCPA does not allow advertisements for employment opportunities outside of South Carolina.

Payment Information

Classified Advertising # of months: _____ Classified Ad Cost: \$ _____

Add-ons # of words: _____ logo/graphic: _____ Add-ons Cost: \$ _____

Display Ads # of months: _____ Display Ad Cost: \$ _____

Check Enclosed #: _____

TOTAL: \$

Credit Card: Visa MasterCard AmEx Discover

Credit Card Number: _____

Cardholder Name: _____

Card Billing Address: _____

City: _____ State: _____ Zip Code: _____

Expiration: _____ Security Code: _____ Signature: _____