



# ADVERTISING RATES

*The South Carolina Psychiatric Association represents more than 350 psychiatrists statewide. The rates below outline ad placement for SCPA's website ([www.sepsych.org](http://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 **info@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: \$ _____

**TOTAL: \$**

Check Enclosed #: \_\_\_\_\_

Credit Card:  Visa  MasterCard  AmEx  Discover

Credit Card Number: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Expiration: \_\_\_\_\_ Security Code: \_\_\_\_\_ Signature: \_\_\_\_\_