

Advertise in the PALMETTO PHARMACIST

The *Palmetto Pharmacist* is SCPhA's quarterly publication that is sent to every member electronically and by print upon request. The journal features updates happening within the association, within the pharmacy profession, upcoming event opportunities, member highlights, and more.

REACH YOUR TARGET AUDIENCE

Pharmacists | Pharmacy Owners
Pharmacy Technicians | Pharmacy Students

AD SIZES & RATES

Ads must be provided in PDF format, 300 dpi.



AD SIZE	1 ISSUE	4 ISSUES	DUE DATES
QUARTER PAGE 3.875" X 4.75"	\$350 ea. <input type="checkbox"/> Jan <input type="checkbox"/> Apr <input type="checkbox"/> Jul <input type="checkbox"/> Oct	\$250 ea. <input type="checkbox"/>	JANUARY December 1
HALF PAGE 8" X 5"	\$500 ea. <input type="checkbox"/> Jan <input type="checkbox"/> Apr <input type="checkbox"/> Jul <input type="checkbox"/> Oct	\$400 ea. <input type="checkbox"/>	APRIL March 1
FULL PAGE BLEED 9" X 11" (9.125" X 11.125")	\$750 ea. <input type="checkbox"/> Jan <input type="checkbox"/> Apr <input type="checkbox"/> Jul <input type="checkbox"/> Oct	\$650 ea. <input type="checkbox"/>	JULY June 1
INSIDE FRONT COVER	\$1,200 ea. <input type="checkbox"/> Jan <input type="checkbox"/> Apr <input type="checkbox"/> Jul <input type="checkbox"/> Oct	\$1,000 ea. <input type="checkbox"/>	OCTOBER September 1

Company Name: _____ Contact Name: _____

Email: _____ Phone: _____

Address: _____ City: _____ State: _____ ZIP: _____

Authorized Signature:

You are signing this contract as an authorized representative of the advertising company. Signing this contract binds you to the terms and policies of advertising with SCPhA.

Return completed form to SCPhA by email (info@scrx.org). Upon receiving this form, SCPhA will create an invoice for you. Make checks payable to the South Carolina Pharmacy Association.