



Medical Society of the County of Kings, Inc.
 480 77th Street
 Brooklyn, NY 11209
 Phone 718-745-5800
 Fax 718-745-5833
www.msck.org

Web Site Advertising Contract **www.msck.org**

As an associate of the Medical Society of the County of Kings, Inc., we know you realize the value, and indeed the necessity of advertising. We believe you will realize the value of expanding your business potential by advertising on our web site, *www.msck.org*, the official web site of the Medical Society of the County of Kings, Inc. This web site offers you a prime, affluent audience of Brooklyn physicians and their families. Members purchase a wide range of goods and services. This is your opportunity to reach these potential customers through this web site they are sure to view. Our members have a loyalty to the Medical Society and tend to support organizations that have relationships with us. Advertising on this web site is the surest way to bring your products and services to their attention. Since we are in constant contact with our members, we can answer their inquiries concerning your company.

The preferred method of submission of an ad is via email. You may send your ad via email any time to *bklynacade@aol.com*. You may also fax or mail your ad to the Medical Society of the County of Kings, Inc., 480 77th Street, Brooklyn, NY 11209. Fax 718-745-5833.

RATES (Rates are for 3, 6, or 12 month placement)

Location	Type of Ad	Rates		
		3 MONTHS	6 MONTHS	12 MONTHS
"Real Estate & Services" Page (ACCESSIBLE TO MEMBERS & PUBLIC) at <i>www.msck.org</i>	Horizontal Banner w/link 2.75" (w) x .75" (h) Includes a link to your web site.	\$1,750	\$3,000	\$5,000

Advertiser: _____

Contact: _____

Date: _____ Phone: _____

Fax: _____ E-mail: _____

Address: _____ City/State/Zip: _____

Web Address (URL): _____

Type of Ad (check box of your choice): Vertical Button w/link Horizontal Button w/link

Rate (check box of your choice): Horizontal 3-month (\$1,750) Horizontal 6-month (\$3,000) Horizontal 12-month (\$5,000)

Run Dates (start date begins when payment is received): _____

Payment: We accept checks and money orders only. Checks must be made payable to the Medical Society of the County of Kings, Inc. Ads will not be posted until full payment has been received. If an agreement is cancelled before the contract is completed, advertiser will be billed for one additional run at the contracted rate.

Termination: Orders may be cancelled if written notice is received by the Medical Society of the County of Kings, Inc. within 72 hours of date below. All advertising is subject to acceptance by the Medical Society of the County of Kings, Inc., who reserves the right to reject any advertisement and to cancel this agreement. Advertisements do not imply sponsorship or endorsement by the Medical Society of the County of Kings, Inc.

The Medical Society of the County of Kings, Inc. reserves the right to change its web site format at any time. If a redesign is made during an advertiser's campaign, the advertiser may reserve the right to keep a comparable placement with the new format. Advertisers will be given a 30-day notice should any format changes be scheduled. Every effort will be made to keep advertisers satisfied with placement. However, if the new format and placement is not satisfactory, the advertiser has the right to cancel its web site contract with a 30-day notice.

Agreement: I understand that by signing this Web Site Advertising Contract, I agree to place the advertisement referred to in this contract on the Medical Society of the County of Kings, Inc. web site. I understand that the Medical Society of the County of Kings, Inc. will reserve this advertising space on its web site based on my execution of this order form, and I understand that I am personally guaranteeing payment in full of the advertising cost referred to above. I certify that I am authorized to place this order, and I guarantee payment in full. I have read and agree to the payment, termination, advertising terms and conditions herein.

Advertiser (or agent): _____ Date: _____

Medical Society of the County of Kings, Inc. Executive Director
 or Chief Operating Officer: _____ Date: _____

FOR OFFICE USE ONLY

PAYMENT RECEIVED: _____ CHECK #: _____ BY: _____