

group practice journal

PUBLICATION OF THE AMERICAN MEDICAL GROUP ASSOCIATION®



REACH

the leaders of every medical group in the country

2010 Rate Card



REACH

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For more than 50 years, the *Group Practice Journal* has been providing dynamic business and operational solutions to physician executives, physicians, and administrators at every medical group, IPA, and integrated delivery system in the country. With a circulation of 65,000, the *Group Practice Journal* offers an unparalleled reach into the healthcare community. Advertising in the *Group Practice Journal* puts your message before the leaders of the largest and most prestigious medical groups in the U.S.—the individuals who make the purchase decisions, choose vendors, and establish collaborative relationships. These individuals look to the publication for strategies, resources, and information to help their organizations become financially successful while delivering the highest quality health care to their communities.

Primary readers of the *Group Practice Journal* are real decision makers:

According to a recent Readex survey, 56 percent of readers have one of the following titles: Physician Administrator, Administrator, Medical Director, President, or CEO; 79 percent indicated that they are involved in their organization's purchases of supplies and equipment.

Most of these readers represent groups with significant purchasing power:

97 percent are located in groups of 10 or more physicians.

These organizations are looking to make major investments in products and services in the coming year: 32 percent said they would purchase or upgrade electronic medical record systems; 26 percent mentioned clinical information systems, medical dictation products, and facilities design/enhancements; and 62 percent cited practice management systems, data warehouses/data mining, credentialing software, and clinical messaging systems.

Most importantly, readers look to the *Group Practice Journal* for business solutions: 92 percent of readers rated the publication useful in their work, and 63 percent indicated that they pass their copy on to one or more additional readers!

The *Group Practice Journal* offers strategies and best practices from the leading medical groups in the country. Penned by healthcare professionals, articles offer dynamic, real-world business solutions to physician leaders and administrators at medical groups nationwide. Readers look to the publication to learn strategies and solutions from peers in the profession, healthcare thought leaders, and industry experts. Topics range from financial operations, contracting strategies, and compensation issues to regulatory compliance, groundbreaking technology, and innovative disease management.

JANUARY: TECHNOLOGY

New technology is giving medical groups new tools to help physicians deliver cost-efficient quality care. This issue will focus on ways groups are implementing technological solutions to clinical and operational challenges.

Submission Deadline: November 13, 2009.

Bonus Distribution: HIMSS and Pri-Med South

FEBRUARY: CHANGE MANAGEMENT

In the evolving world of health care, medical groups must constantly reinvent themselves to remain successful. This issue will explore operational strategies for anticipating and managing change.

Submission Deadline: December 4, 2009.

Bonus Distribution: AMGA 2009 Annual Conference: Learning from the Best and Pri-Med Southwest

MARCH: HEALTH LAW

Medical group leaders need to be knowledgeable about the evolving laws governing health care. This issue will examine some of the laws and regulations that will have an impact on medical groups and the way they operate in the coming years.

Submission Deadline: January 8.

Bonus Distribution: Pri-Med Midwest

APRIL: QUALITY AND OUTCOMES

Medical groups must balance sophisticated outcomes measurements with traditional physician-patient relationships to consistently deliver quality care. This issue will explore how groups are managing risk as they struggle to deliver the best care to their patients and will highlight best practices in quality care.

Submission Deadline: February 12.

Bonus Distribution: Pri-Med West

Bonus Service: AMGA Industry Partner Directory

MAY: REIMBURSEMENT AND REVENUE ENHANCEMENT

New reimbursement models are being developed that redefine the responsibilities in insurance and healthcare delivery. This issue will study ways that medical groups can maximize reimbursement and enhance the revenue cycle.

Submission Deadline: March 12.

editorial calendar **continued**

JUNE: LEADERSHIP

Medical groups all face the challenges of effectively leading in times of crisis, as well as developing leaders within their organizations. This issue will feature exemplary leadership that has revitalized organizations as well as recruitment and retention strategies.

Submission Deadline: April 13.

Bonus Distribution: Pri-Med New York

Bonus Service: Readex Ad Perception Study

JULY/AUGUST: CONNECTIVITY

With new services and technology along with the rise of consumerism, medical groups must find new ways to connect with the various stakeholders in health care. This issue will investigate aspects of this challenge and various stakeholders—vendors, insurers, employers, and patients.

Submission Deadline: May 27.

Bonus Distribution: AMGA's Institute for Quality Leadership Annual Conference

SEPTEMBER: COMPENSATION

Medical group leaders nationwide are searching for the “right” formula for physician compensation. This issue will explore effective compensation models that have worked for other groups and provide analysis of trends found in the *AMGA 2010 Medical Group Compensation and Financial Survey*.

Submission Deadline: July 13.

Bonus Distribution: MGMA's annual conference

OCTOBER: FINANCE

How do you sustain a financially successful medical group in an age of dwindling reimbursement? This issue explores operational strategies and options for tapping into various sources of capital and for streamlining processes.

Submission Deadline: August 13.

Bonus Distribution: Pri-Med East and Pri-Med Mid-Atlantic

NOVEMBER/DECEMBER: OPERATIONS

In the face of dwindling reimbursement, creative operational solutions are needed. This issue will examine how groups have been able to save money or find new sources of revenue by focusing on their operations, while maintaining quality care.

Submission Deadline: September 30.

story **ideas?**

Contact Tom Flatt, (703) 838-0033, ext. 328, (703) 548-1890 fax, tflatt@amga.org

THE PUBLISHER/ amga

The *Group Practice Journal* is the flagship publication of the American Medical Group Association (AMGA), which represents medical groups, including some of the nation's largest, most prestigious integrated healthcare delivery systems. AMGA advocates for the medical group model of healthcare delivery and for the patients served by medical groups through innovation and information sharing, benchmarking, leadership development, and continuous striving to improve patient care. The members of AMGA deliver health care to approximately 96 million patients in 49 states. The average AMGA member group has 280 physicians and 15 satellite locations.

Headquartered in Alexandria, Virginia, AMGA is the strategic partner for medical groups providing a comprehensive package of benefits, including political advocacy, educational and networking programs and publications, benchmarking data services, and financial and operations assistance. AMGA members are the leading medical groups in the country, groups that will have a profound impact on the future of health care. Below is information about several representative AMGA member physician groups.

Aurora Health Network

Sites: More than 100, including 18 hospitals, over 85 clinics and ambulatory care centers, and over 70 pharmacies
Providers: More than 2,200 physicians
Region: Wisconsin and Michigan

Carilion Clinic

Sites: 75 Satellites
Providers: 454 providers
Region: Northeast

Cleveland Clinic

Sites: 11 hospitals with over 3,200 staffed beds
Providers: 1,200 providers
Region: Northeastern Ohio

Dean Health Systems, Inc.

Sites: 53 satellite offices
Providers: 458 providers
Region: Wisconsin

The Everett Clinic

Sites: 6 satellite offices
Providers: 153 physicians
Region: Washington

Geisinger Health System

Sites: 56 satellite offices
Providers: 590 physicians
Region: Pennsylvania

Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center

Sites: 1 medical center with numerous in-patient and out-patient clinical centers and 534 licensed beds, 20 satellite offices
Providers: More than 650 providers
Region: Greater Boston, Massachusetts area

Henry Ford Health System

Sites: 5 health system hospitals and 30+ medical centers
Providers: More than 1,020 providers
Region: Detroit metro area, southeastern Michigan

Intermountain Health Care

Sites: 40 hospitals/medical centers, 73 satellite offices
Providers: More than 3,000 providers
Region: Utah and Idaho

The Iowa Clinic, P.C.

Sites: 27 satellite offices
Providers: 110 physicians
Region: Iowa

The Jackson Clinic, P.A.

Sites: 15 satellite offices
Providers: 135 physicians
Region: Tennessee

Johns Hopkins University, School of Medicine

Sites: School of Medicine and 3 affiliated hospitals/medical centers
Providers: 3,000 providers
Region: Greater Baltimore, Maryland area

Kelsey-Seybold Clinic

Sites: 20 satellite offices
Providers: 300 physicians
Region: Houston, Texas

Lahey Clinic

Sites: 31 sites
Providers: 450 physicians and 4,000 nurses, therapists, and other support staff
Region: Massachusetts

Mayo Clinic – Rochester

Sites: Mayo Clinic and 2 hospitals, 3 satellite offices
Providers: 1,544 physicians and scientists; 2,451 residents, fellows, and predoctoral students; 22,214 allied health staff
Region: Rochester, Minnesota and surrounding area

Mount Kisco Medical Group

Sites: 2 satellite offices
Providers: 95 physicians
Region: New York

Northwest Physicians Network

Sites: 1 medical center
Providers: 391
Region: Northwest

Ochsner Clinic Foundation

Sites: 41 satellite offices
Providers: 503 physicians
Region: New Orleans, Louisiana

Palo Alto Medical Foundation

Sites: 4 sites
Providers: 275 providers
Region: Northern California

Park Nicollet Medical Group

Sites: 25 clinics, 1 hospital
Providers: 477 physicians, 26 clinical professionals
Region: Twin Cities, Minnesota

The Permanente Federation, LLC

Sites: 100 satellite offices
Providers: 16,643 providers
Region: Oakland, California

The Portland Clinic

Sites: 3 satellite offices
Providers: 50 physicians
Region: Portland, Oregon

Scott and White Clinic

Sites: 1 hospital, 15 regional clinics
Providers: More than 500 providers
Region: Central Texas

Southeast Permanente Medical Group

Sites: 12 sites
Providers: 258 providers
Region: Georgia

The Vanderbilt Medical Group

Sites: 21 satellite offices
Providers: 924 providers
Region: Nashville, Tennessee

Virginia Mason Medical Center

Sites: 1 hospital, 14 clinics, 7 satellite offices
Providers: 363 physicians
Region: Western Washington

For more information about AMGA, its members, and its services, visit www.amga.org.

CIRCULATION SUMMARY

Group Practice Journal is distributed to physician executives, physicians, and administrators at medical groups, IPAs, and integrated delivery systems nationwide.

CIRCULATION (MAY 2009 ISSUE)

AMGA Members	39,703
CEOs of Medical Groups	21,618
Leadership of Integrated Delivery Systems	1,505
Leadership of IPAs	567
Subscriptions	91
All Other	1,875
Total Circulation	65,359

Figures are approximate. Circulation is updated each issue to include new AMGA member groups and physician-owned and -operated IPAs, physician executives, and new subscriptions by physicians in non-member groups, etc.

While the circulation of the Journal averages over 65,000, actual readership could be double that amount: the Readex survey revealed that an average of one additional person reads the subscriber's copy of the publication.

BONUS DISTRIBUTION OPPORTUNITIES

Each issue of the *Group Practice Journal* is also distributed at additional meetings of AMGA and other related organizations.

January issue is distributed at HIMSS and Pri-Med South.

February issue is distributed to every attendee at the AMGA 2010 Annual Conference in their registrations packet and at Pri-Med Southwest.

March issue is distributed at Pri-Med Midwest.

April issue contains the "AMGA Industry Partner Directory" and is distributed at Pri-Med West.

June issue is used for a Readex Ad Perception Study and is distributed at Pri-Med New York.

July/August is distributed at AMGA's Institute for Quality Leadership Annual Conference.

September issue is distributed at MGMA's Annual Conference.

October issue is distributed at Pri-Med East and Pri-Med Mid-Atlantic.

Each issue of the *Group Practice Journal* is also distributed at additional meetings of AMGA and other related organizations.

market/circulation **continued**

The *Group Practice Journal* is distributed to the leaders of every medical group, IPA, and integrated delivery system in the country.

A medical group is three or more physicians who are formally organized as a legal entity in which business, clinical and administrative facilities, records, and personnel are shared, with a predetermined arrangement to divide up the income. Medical groups come in all shapes and sizes and provide health care using a variety of delivery models. Some are housed in one clinic, while others are affiliated practices covering a broad geographic region. Some groups operate under the umbrella of a hospital, some own hospitals, some operate HMOs or contract with managed care organizations. Some groups concentrate on one medical specialty, such as diabetes care or cardiology, while others offer multiple specialties, from preventive care services to complex cancer treatment. Leadership also varies—some groups are physician-led, while non-physician executives and administrators lead others, and in other groups, physicians and administrators govern as a team.

One thing is certain: medical groups are the premier models of quality care delivery and their leadership will determine the future of health care in America. Nearly a third of all U.S. physicians choose to practice in a medical

Group Physicians as a Percentage of Total Physicians in the U.S.

Year	% Group Physician Positions	Total Physicians
1965	10.2	277,575
1969	13.2	302,966
1975	18.2	366,425
1980	20.3	435,545
1984	29.3	479,440
1988	28.3	549,160
1991	31.0	594,697
1995	32.6	646,022
1996	31.2	663,943
2005	30.4	792,154

Source: Medical Group Practices in the US, 2006 Edition, American Medical Association

group, and the number continues to grow. Medical groups represent a large and geographically diverse segment of the healthcare market, as demonstrated in the tables in this section.

Number of Individual Physicians in Medical Groups by Group Size

Size of Group (Number of Physicians)	Number of Physicians in Group
3	13,392
4	13,944
5 to 6	24,225
7 to 9	23,806
10 to 15	24,781
16 to 25	21,764
26 to 49	23,900
50 to 75	12,889
76 to 99	6,586
100 or more	75,486

Source: Medical Group Practices in the US, 2006 Edition, American Medical Association

Number of Medical Groups in the U.S. by Size

Size of Group (Number of Physicians)	Number of Medical Groups
3	4,464
4	3,486
5 to 6	4,469
7 to 9	3,067
10 to 15	2,076
16 to 25	1,106
26 to 49	691
50 to 75	215
76 to 99	76
100 or more	263

Source: Medical Group Practices in the US, 2006 Edition, American Medical Association

DISTRIBUTION OF MEDICAL GROUPS BY STATE

State	Number of Medical Groups	Physician Positions	State	Number of Medical Groups	Physician Positions
Alabama	353	2,843	Montana	74	755
Alaska	46	398	Nebraska	173	1,990
Arizona	292	4,437	Nevada	105	1,199
Arkansas	195	3,375	New Hampshire	114	1,426
California	1,629	29,394	New Jersey	663	5,487
Colorado	356	4,473	New Mexico	81	1,143
Connecticut	376	4,475	New York	1,203	12,159
Delaware	75	503	North Carolina	717	7,109
District of Columbia	65	1,188	North Dakota	26	934
Florida	1,006	10,819	Ohio	913	10,053
Georgia	578	5,760	Oklahoma	190	2,191
Hawaii	49	965	Oregon	278	3,789
Idaho	94	831	Pennsylvania	1,209	11,723
Illinois	943	9,620	Rhode Island	88	791
Indiana	481	5,035	South Carolina	368	3,376
Iowa	214	3,344	South Dakota	79	722
Kansas	245	2,703	Tennessee	504	5,426
Kentucky	359	2,945	Texas	951	13,428
Louisiana	296	3,737	Utah	133	1,307
Maine	122	1,085	Vermont	45	501
Maryland	412	4,710	Virginia	597	6,064
Massachusetts	605	9,213	Washington	393	6,347
Michigan	716	6,890	West Virginia	107	1,329
Minnesota	344	7,875	Wisconsin	345	8,353
Mississippi	189	1,813	Wyoming	31	170
Missouri	438	4,358	Possessions	48	212

Source: Medical Group Practices in the US, 2006 Edition, American Medical Association

RATES/ specifications

ISSUANCE

- A. Published by: American Medical Group Association (AMGA)
- B. *Group Practice Journal* is published 10 times a year—January, February, March, April, May, June, July/August, September, October, and November/December.
- C. Subscription rate is \$113.00 per year.

ESTABLISHED

1951, current volume number 59

ORGANIZATION AFFILIATIONS

Member of BPA Worldwide and Association Media & Publishing (formerly SNAP).

CIRCULATION SUMMARY

Group Practice Journal is distributed to physician executives, physicians, and administrators at medical groups, IPAs, and integrated delivery systems nationwide.

EDITORIAL

The *Group Practice Journal* addresses the vital business information needs of the medical group industry with practical, timely articles about everything from implementing best practices to negotiating managed care contracts to building successful integrated healthcare delivery systems. Written by physician leaders and industry professionals, the Journal is the flagship publication of the American Medical Group Association—the national organization dedicated to addressing all issues affecting medical groups, physician-owned and -managed IPAs, and integrated delivery systems.

EDITORIAL/ADVERTISING RATIO

60/40

Advertising is fully interspersed with editorial copy.

CONTRACT AND COPY REGULATIONS

- A. All contracts and contents of advertisements are subject to the publisher's approval. Publisher reserves the right to reject or cancel any advertisement, insertion order, space reservation, or position commitment.
- B. Publisher reserves the right to put the word "advertisement" on advertising which, in the publisher's opinion, resembles editorial material.
- C. Publisher guarantees uniform rates and discounts to all advertisers using the same amount and kind of space. No exceptions to published rates.
- D. Only insertions of a parent company and subsidiaries are combined to determine the earned rates.
- E. Rates are subject to change with 90 days' notice. Contracts accepted with the understanding that rates will be guaranteed up to three months beyond last issue closed. In the event of a rate increase, contracts may be terminated without penalty of short rate.
- F. After firm space commitment has been made, extensions may be given for production materials if proper notification is given to the publisher. If ad copy is not provided by closing date, publisher reserves the right to repeat a former ad.

ADVERTISERS INDEX

Back of Book—includes company name, Web site address, and page on which advertisement appears.

rates/specifications *continued*

BLACK-AND-WHITE RATES (Effective with the January 2010 issue of the *Group Practice Journal*)

	1X	3X	6X	10X	18X	24X	36X	48X
Full Page	4,965	4,740	4,505	4,095	3,635	3,460	3,285	3,035
2/3 page	4,200	4,000	3,815	3,460	3,060	2,915	2,780	2,565
1/2 page	3,180	3,020	2,880	2,610	2,330	2,205	2,085	1,935
1/3 page	2,535	2,410	2,295	2,085	1,825	1,740	1,640	1,515
1/4 page	1,770	1,690	1,610	1,465	1,295	1,225	1,170	1,085
1/8 page	1,150	1,090	1,040	990	935	845	795	715

Professional Opportunity (Member) \$300 per insertion, includes three-month posting on "Professional Opportunities" section of AMGA website; Professional Opportunity (Nonmember) \$600 (B&W ads only) per insertion, includes three-month posting on "Professional Opportunities" section of AMGA website. (Professional Opportunity ads are not commissionable).

Rate is determined by number of insertions. A spread is considered two insertions. Each page of an insert is considered an insertion (note that the *Group Practice Journal* offers a page free with the placement of 4-page inserts and up); business reply cards count as one insertion. Insertions by parent company's subsidiaries are combined to determine earned rate. Split-runs are considered full insertions in the calculation of the appropriate rate. Inserts are commissionable.

INSERTS

	1X	3X	6X	10X	18X	24X	36X	48X
2-page	9,930	9,480	9,010	8,190	7,270	6,920	6,570	6,070
4-page	14,895	14,220	13,515	12,285	10,905	10,380	9,855	9,105
8-page	34,755	33,180	31,535	28,665	25,445	24,220	22,995	21,245
BRC	4,965	4,740	4,505	4,095	3,635	3,460	3,285	3,035

Inserts are commissionable. Advertisers receive a free page with every supplied insert over 4-pages (4-page ad rate is based on 3 pages; 8-page insert ad rate is based on 7 pages, etc.)

COLOR

In addition to Black-and-White rates:

One Color (per page):	\$320
Match Color (per page):	\$635
Metallic Ink (in addition to color rates):	\$417
Three and Four Color (per page):	\$1,425
Five Color (per page):	\$1,745

SPECIAL POSITIONS

Cover 2	\$625
Cover 3	\$325
Cover 4	\$1,195

Page facing table of contents: earned rate plus 10% (plus color). Other preferred or special positions are earned rate plus 10% (plus color).

BLEED No charge.

rates/specifications *continued*

SPLIT-RUNS

Specifications

1. Split-runs can be either geographic (state or ZIP code) or demographic.
2. Inserts and ROB advertising units are accepted.
3. Split-run insertions will count toward earned frequency discounts.
4. All split-run ROB advertising units must be full-page ads.
5. Split-run additional production charges are non-commissionable.

Split-run Rates—Inserts

1. If using 50% or less of the *Group Practice Journal's* circulation—rate is 50% of the full-run rate black-and-white cost.
2. If using 51% or more of the *Group Practice Journal's* circulation—rate is the full-run rate.

Split-run Rates—ROB

1. If using 50% or less of the *Group Practice Journal's* circulation—rate is 50% of the full-run rate black-and-white cost plus full-color charges.
2. If using 51% or more of the *Group Practice Journal's* circulation—rate is the full-run rate plus full-color charges.

Split-run Production Charges: \$1,250 per split-run ROB advertisement (non-commissionable).

No additional charge for inserts.

MEMBER/CORPORATE PARTNER/AGENCY COMMISSIONS AND DISCOUNT TERMS

- A. Member Discount: 10% to AMGA Medical Group Members.
- B. Corporate Partner Discount: 50% to members of the Chairman's Circle, 30% to AMGA Premier Corporate Partners, 10% to AMGA Executive Corporate Partners
- C. Reserve space in all 10 issues of the *Group Practice Journal* by December 4, 2009 and you will receive a 10% discount off the earned black-and-white frequency rate. Reserve space in at least 6 issues and you earn a 5% discount off the earned black-and-white rate.

- D. Advertise in all 10 issues and you will receive a banner advertisement on the Publications page of the AMGA Web site for the entire year.
- E. Advertise in 6 or more issues and you will receive 1 copy of the AMGA VIP mailing list (\$1,500 value).
- F. Agency Discount: 15% to recognized ad agencies for payment made within 30 days of invoice date. Accounts not paid within 60 days from invoice date forfeit commission.
- G. Cash Discount: 2% if paid within 10 days of invoice date.
- H. Contact your sales representative for details on frequency discounts and other merchandising opportunities.
- I. Professional Opportunity ads are not commissionable.

CANCELLATIONS

- A. Notification in writing of space cancellations must be received by space closing deadline.
- B. If space is canceled after deadline or material is received too late, the advertiser will be charged for the insertion.
- C. Covers are non-cancelable.

ONLINE VERSION (SCHEDULED TO BE LAUNCHED IN 2010)

Every advertisement appearing in the print version of the *Group Practice Journal* will appear in the online version that is received by AMGA members (AMGA members can choose to receive the print version, online version, or both) and by international subscribers. There is no additional charge for advertisements appearing in the online edition. Advertisements appearing in the online edition will be linked to the advertiser's page on AMGA website Suppliers Showcase if the advertiser is a Corporate Partner of the American Medical Group Association or has paid for or qualified for an advertisement on the Suppliers Showcase.

Group Practice Journal Specifications

Paper Stock: Covers—80 lb, gloss with UV coating

Inside pages—36 lb. gloss

Binding: Perfect

Screens: 150 line recommended

Digital Ad Requirements

The following information should be included with every submission (e-mail or disc):

1. Advertiser name/agency name
2. Artist contact phone number or e-mail
3. Software/version used to create files
4. SWOP compliance match print proof

Format

Press-ready Hi-Res Adobe PDF: PDF distilled from postscript is preferred. Embed all fonts and images (example: PDFx1A: 2001; 3A: 2002; 4A: 2007). Select all printer marks and bleeds should be set to .125 inches.

Native Digital Files: Acceptable programs: Quark-X-Press and Adobe InDesign. Include all fonts and images. If in a Windows version, the files must be exported as an EPS file with all fonts converted to curves. Other native files that are accepted are: Adobe Photoshop and Adobe Illustrator. Convert all fonts to curves/paths and embed images. Save all files as an EPS if in a Windows version.

Sending files:

1. Electronically via e-mail to dharvel@amga.org. E-mail attachments are limited to 6mb. Files over 6mb can be sent over the Internet via FPT (call or e-mail Dianne Harvel at (703) 838-0033, ext. 327, or dharvel@amga for information).

NOTE: A match print proof will need to be mailed to the Art Director (see address on back cover.)

2. Mailed on a CD-Rom to the Art Director (address on back cover). All customer-supplied application files must include all related files necessary for output, i.e., EPS and TIFF files along with the original electronic art; X-Press Data files; and any other files which may be required for correct output. Illustrator files need to be exported as an EPS. Customers must include any necessary files for the output of any art, and 4/C placement must be in CMYK. To avoid font conflict and type reflow, convert text to paths.

Proofs

All ad customers must furnish a certified contract proof, i.e., match print or other professional color proof. Minimum DPI recommended: 300 DPI at 100% size. The publisher is not responsible for checking proofs or making corrections. Without a proof, neither printer nor publisher can be held responsible for correct color, image shift, or image dropout. Match proofs are suggested but are at the expense of the advertiser. A match print will be supplied by the publisher if copy is received by the deadline. The publisher is not responsible for supplying proofs or making corrections when copy is received after the deadline. Any output problems are the responsibility of the advertiser. Charges incurred for output problems will be passed on to the advertiser and are not commisionable. **Color and black-and-white laser proofs are not acceptable!**

Film Advertising Requirements

Offset film negatives: Right reading emulsions side down. Negatives on .004" stable base material must have register marks, center marks, and trim marks clearly indicated. Each negative must be marked for color.

Off-Press Proofs: The following is a list of representative off-press proofing materials that are acceptable when manufactured in compliance with SWOP: DuPont Chromalin, 3-M-Matchprint. Any overlay type proofs or color print material designed for showing color break and imposition are not acceptable. All proofs must have a control bar as part of the proof.

Press Proofs: Press proofs which are to be used for publication should be manufactured in accordance with the "recommended specifications for Web offset publications" (SWOP standards). A color bar (RIT, G-ATF, or System Brunner) must be included on each proof.

Color Rotation: Black, cyan, magenta, yellow. Proof all colors wet.

rates/specifications *continued*

MECHANICAL SPECIFICATIONS

	AD SIZE	BLEED SIZE
Spread	15-1/4" x 10"	16-1/2" x 11-1/8"
Full Page	7" x 10"	8-3/8" x 11-1/8"
2/3 Page H	7" x 6-5/8"	8-3/8" x 7-1/8"
2/3 Page V	4-3/4" x 10"	5-3/8" x 11-1/8"
1/2 Page H	7" x 5"	8-3/8" x 5-1/2"
1/2 Page V	3-1/2" x 10"	4-3/8" x 11-1/8"
1/3 Page H	7" x 3-3/8"	8-3/8" x 3-7/8"
1/3 Page V	2-1/4" x 10"	2-7/8" x 11-1/8"
1/4 Page	3-1/2" x 5"	4-3/8" x 5-1/2"
1/8 Page	3-1/2" x 2-1/2"	No Bleed
Professional Opportunity	3-1/2" x 5"	No Bleed

(Horizontal–H/Vertical–V).

AD UNIT EXAMPLES



Head trim size of the *Group Practice Journal* is 8-1/8" x 10-7/8".

Allow 1/8" over trim size for any portion of ad that is to bleed. Copy that does not bleed, or any live copy should be 1/4" from trimmed edge.

rates/specifications **continued**

Inserts and Business Reply Card Requirements

For a one-page insert—80 lb. stock

For a two-page insert—70 lb. stock

Trim Allowance:

Head trim 1/8"

Gutter grind off 1/8"

Outside trim (thumb edge) 1/8"

*All bleeds must provide a minimum of 1/8" bleed trim allowance.

Insert size (including binder trim and bleed allowance):

Maximum: 8 3/8" x 11 1/8" (untrimmed)

Minimum: 5" x 7" (including BRCs)

All live matter that does not bleed should be 1/4" from trimmed edge.

Quantity: Contact Art Director, as amount varies by issue.

*All furnished inserts should be cleared through Art Director before the insert specifications are finalized.

Shipping Information for Inserts and Business Reply Cards

Group Practice Journal

Issue insert is to appear in

R.R. Donnelley – Long Prairie Division

100 Banta Road

Long Prairie, MN 56347-1903

Attn: Cindy Dalton

Phone (320) 732-2121 for directions.

Disposition of Material

Inserts are destroyed after issue is bound unless otherwise instructed in writing.

Disks are not returned.

Film is held one year at the plant and then destroyed unless otherwise instructed in writing.

**For contact information
and addresses,
see back cover!**

Closing Dates

January

Space Deadline – December 7, 2009

Film Deadline – December 11, 2009

Electronic Deadline – December 18, 2009

Inserts Due – December 18, 2009

February

Space Deadline – January 8, 2010

Film Deadline – January 15, 2010

Electronic Deadline – January 22, 2010

Inserts Due – January 22, 2010

March

Space Deadline – February 12, 2010

Film Deadline – February 19, 2010

Electronic Deadline – February 26, 2010

Inserts Due – February 26, 2010

April

Space Deadline – March 12, 2010

Film Deadline – March 19, 2010

Electronic Deadline – March 26, 2010

Inserts Due – March 26, 2010

May

Space Deadline – April 9, 2010

Film Deadline – April 16, 2010

Electronic Deadline – April 23, 2010

Inserts Due – April 23, 2010

June

Space Deadline – May 10, 2010

Film Deadline – May 17, 2010

Electronic Deadline – May 24, 2010

Inserts Due – May 24, 2010

July/August

Space Deadline – July 16, 2010

Film Deadline – July 23, 2010

Electronic Deadline – July 30, 2010

Inserts Due – July 30, 2010

September

Space Deadline – August 13, 2010

Film Deadline – August 20, 2010

Electronic Deadline – August 27, 2010

Inserts Due – August 27, 2010

October

Space Deadline – September 13, 2010

Film Deadline – September 20, 2010

Electronic Deadline – September 27, 2010

Inserts Due – September 27, 2010

November/December

Space Deadline – November 8, 2010

Film deadline – November 15, 2010

Electronic Deadline – November 22, 2010

Inserts Due – November 22, 2010

Advertising Sales, Contracts, Insertion Orders

David O'Leary
The Sales Department
7910 Woodmont Avenue, Suite 530
Bethesda, MD 20814
(301) 652-8862 Fax (301) 907-8132
david@salesdept.net

Ad Materials

Dianne Harvel
Group Practice Journal
1422 Duke Street
Alexandria, VA 22314-3403
(703) 838-0033, ext. 327 Fax (703) 548-1890
dharvel@amga.org

Other Staff**Publisher**

Donald W. Fisher, Ph.D.

Vice President of Publications

Fred Haag, (703) 838-0033, ext. 329
fhaag@amga.org

Editor

Tom Flatt, (703) 838-0033, ext. 328
tflatt@amga.org

Circulation Manager

Stefan Rozga, (703) 838-0033, ext. 326
srozga@amga.org

Group Practice Journal

1422 Duke Street
Alexandria, VA 22314-3403
(703) 838-0033