



55TH EDITION

The Washington Physicians Directory

P.O. Box 4436, Silver Spring, MD 20914 301-384-1506 Fax 301-384-6854 wpd@wpdnetwork.com

HEALTH PROFESSIONALS SECTION

Please complete this form and return it *with your payment or your charge instructions* by **August 4, 2017**. If you need assistance, have a question about the DIRECTORY, or wish to discuss display advertising, please call 301-384-1506. The 2018 print edition will be distributed October 31, 2017. **Your listing will appear on our website at no additional charge.**

INCLUDE MY LISTING

in *The 2018 WPD* under the category(s) checked.

There is a minimum charge of \$50.00 per category and you will receive a **complimentary** copy or an online subscription for each category listing

- | | | |
|---------------------------------|------------------------------|--------------------------------|
| Acupuncturists | Massage Therapists | Psychiatric Mental Hlth Nurses |
| Audiologists | Myotherapists | Psychologists |
| Biofeedback Specialists | Neuropsychologists | Psychologists, Health |
| Chiropractors | Nurse Midwives | Psychotherapists |
| Eating Disorder Specialists | Nurse Practitioners | Rehabilitation Counselors |
| Electrologists | Nutritionists (Dietitians) | Sex Therapists |
| Geriatric Care Managers | Occupational Therapists | Social Workers, Clinical |
| Group Therapists | Opticians | Speech – Language Pathologists |
| Hand/Upper Extremity Therapists | Optometrists | Stress Management Specialists |
| Hearing Aid Specialists | Orthotists – Prosthetists | Substance Abuse Specialists |
| Hypnotherapists | Personal Fitness Specialists | Travel Medicine Professionals |
| Lactation Consultants | Physical Therapists | Voice Therapists |
| Marriage & Family Therapists | Physician Assistants | Other _____ |

The above categories and more were included in the 2016/2017 edition. Any redundancy was at the request of the advertiser. The publisher reserves the right to refuse or restrict category headings.

BASIC LISTING

Please include the following information in my basic listing under the category(s) checked above. I understand I'll receive a *complimentary* copy or online subscription, a \$67.00 value, for each category checked.

Name _____
(Personal or Trade – For personal, please include credentials, i.e. MA-CCC, PhD, RN, MPT, etc.)

National Provider Identifier (NPI) _____

Street _____

City _____ State _____ Zip _____

Phone# _____ Fax# _____

ADDITIONAL ADDRESSES

I want to include these additional addresses in my listing. The charge for each additional address and/or e-mail is \$25 (\$35 for a website) times the number of categories you have checked.

2nd address (\$25 each category) _____

City _____ State _____ Zip _____

Phone# _____ Fax# _____

3rd address (\$25 each category) _____

City _____ State _____ Zip _____

Phone# _____ Fax# _____

E-mail address (\$25 each category) _____

Website address (\$35 each category) _____

CHARGES

| | | | | |
|--|------------------------------------|-------|------------------------|------------------|
| Basic Listing | \$50.00 x number (#) of categories | _____ | = \$ | _____ |
| Additional Addresses and/or e-mail | \$25 x # of categories | _____ | x # of add'l addresses | _____ = \$ _____ |
| Website Address | \$35 x # of categories | _____ | = \$ | _____ |
| 1/16 Page Enhancement Ad (includes one free basic listing) | \$320 | | = \$ | _____ |
| | | | TOTAL PAYMENT \$ | _____ |

PAYMENT OPTIONS

Check enclosed, payable to *Washington Physicians Directory*

Charge my: Visa MasterCard American Express

Card # _____ Exp. Date _____

Signature _____

PLEASE SEE REVERSE FOR MORE OPTIONS.

ADDITIONAL LISTING OPPORTUNITIES

1/16 PAGE ENHANCEMENT AD

\$320

(Includes One Free Basic Listing)

Sample 1/16 page ad
4 3/4" x 9/16"

*Electronic files (see R.O.P.)
accepted.

It must be 4 3/4" x 9/16" with
border.

I PREFER A 1/16 PAGE ENHANCEMENT AD.

My ad will run in the category I have checked above. (If you've checked more than one, please circle the category for the ad.) I've completed the information section above for my listing, calculated my charges above, filled in my ad copy below,* and included my payment or charge information. (If I requested that the information above appear in additional categories, I have included an extra \$50.00 per category, \$25 per additional address in each category, and \$35 for the website in each category.)



Your Ad Copy —Your copy, when condensed, must fit in the space above; so please be succinct.

DISPLAY ADVERTISING RATES AND MECHANICAL REQUIREMENTS

I AM INTERESTED IN A LARGER DISPLAY AD.

Please call me at _____

Display advertisers receive cash credits toward their listing charges and, in most case, pay nothing for those listings.

MECHANICAL REQUIREMENTS & COSTS

| Size of Material | Width | Depth | Cost |
|------------------|--------|---------|----------|
| Trim size | 6 1/8" | 9" | |
| Image area | 5" | 8" | |
| Bleed size | 6 1/2" | 9 1/2 " | |
| Full Page Ad | 5" | 8" | \$ 2,355 |
| 1/2 Page Ad | 5" | 4" | \$ 1,370 |
| 1/4 Page Ad | 5" | 2" | \$ 860 |
| 1/8 Page Ad | 5" | 1" | \$ 535 |

(All live copy and/or illustrations must be kept at least 1/2" from all trim or binding edge.)

(Ad design is available at an additional cost.)

R.O.P. Electronic files required: QuarkXPress, Illustrator, InDesign - press quality (high resolution) PDF with fonts embedded or outlined preferred. For EPS files, save with a PC Preview. If **all fonts** are not embedded or outlined, include printer and screen font files. Proofs required. All color **must be** CMYK. Please contact the publisher if you have spot color or questions concerning the compatibility of your software.

If you would like to see who participated in the 2016/2017 edition please go to www.wpdnetwork.com/book.aspx, go to the bottom of the page, and click "DDS/Oral Surgeons, Podiatrists and Health Professionals."