



55TH EDITION

The Washington Physicians Directory

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

PODIATRISTS

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.**

BASIC LISTING INFORMATION

Please include the following information in my listing for \$50.00

I will receive a *complimentary* copy or an online subscription, a \$67 value.

Name _____

(Personal or Trade – For personal, please include credentials, i.e. FACFAS, ABPS, 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. A website is \$35.

2nd address \$25 _____

City _____ State _____ Zip _____

Phone# _____ Fax# _____

3rd address \$25 _____

City _____ State _____ Zip _____

Phone# _____ Fax# _____

4th address \$25 _____

City _____ State _____ Zip _____

Phone# _____ Fax# _____

E-mail address \$25 _____

Website address \$35 _____

CHARGES

Basic Listing = \$ 50.00

\$25 x # of add'l addresses and/or e-mail _____ = \$ _____

Website Address \$35 = \$ _____

1/16 Page Enhancement Ad (includes *your* 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"

I PREFER A 1/16 PAGE ENHANCEMENT AD.

I've completed the information section for my listing, calculated my charges, filled in my ad copy below,* and included my payment or charge information.

Alan E. Singer, D.P.M., F.A.C.F.A.S.
Diplomate, American Board of Podiatric Surgery
Reconstructive Foot and Ankle Surgery and Complex Wound Care
10215 Fernwood Rd., Suite 635, Bethesda, MD 20817 **301-530-5658**

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

* Electronic files (see R.O.P.) accepted.
It must be 4 3/4" x 9/16" with border.

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 "	

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

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

(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."