



National  
Pharmacy  
Purchasing  
Association

NPPA  
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## NPPA *RxBuyer eNews*

### 2019 Advertising Rates, Positions, Specs & Deadlines

<u>Position</u>	<u>Size</u>	<u>Format</u>	<u>Gross Per Ad</u>	<u>Deadline</u>
Margin (Small)	194 x 137 pixels	JPEG	\$250.00	25 <sup>th</sup> of month prior
Margin (Large)	194 x 275 pixels	JPEG	\$400.00	25 <sup>th</sup> of month prior
Advertorial	Up to 200 Words	Text	\$600.00	15 <sup>th</sup> of month prior
Advertorial w/Photo	Up to 175 Words	Text+JPEG	\$675.00	15 <sup>th</sup> of month prior

### ORDER TERMS

**Margin Ads:** Ad orders must be placed by the 25th of the month prior to the month of publication with payment in full and by credit card only. Max allowed per edition: up to 2 Small Margin Ads or 1 Large. When 2 different companies reserve Small Ad, top placement goes to first company paid in full.

**Advertorials:** Content must first be approved by NPPA. Ad orders must be placed by the 15th of the month prior to the month of publication. For word counts over the stated maximum in above chart, an additional fee may be charged; please advise of such possibility & total word count as soon as known. Max allowed per edition: 1 Advertorial or 1 Advertorial w/Photo.

**\*Discounts Available:** NPPA Member-7%. Quantity of 4-series, paid in advance-5%. Outside Ad Agency-15%, (3rd party agency, handles billing). Max allowable total discounts: 15%.

**\*Payment Terms:** Credit card must be provided at time of order, to either pay in full or “hold” your reservation. If not paying by credit card at time of order, you will be billed after your reservation order is received, with payment due upon receipt of our invoice.

### PRODUCTION MONTHS & SCHEDULE

*RxBuyer eNews* is distributed in February, May, September, & December, by the end of each edition’s month.

<u>Due</u>	<u>Deadline</u>	<u>Example using the February Edition</u>
Order (Advertorial)	15th of month prior	January 15th
Order (Margin Ad)	25th of month prior	January 25th
Payment	25th of month prior	January 25th

### AD SUBMISSIONS

**Margins:** Sent in JPEG format via email to: [Advertising@PharmacyPurchasing.com](mailto:Advertising@PharmacyPurchasing.com), by the 25th of the month prior to the month of publication.

**Advertorials:** Text portion sent in Word format. Photo sent as JPEG. Send both via email to: [Advertising@PharmacyPurchasing.com](mailto:Advertising@PharmacyPurchasing.com), by the 15th of the month prior to the month of publication.

### DISTRIBUTION

*RxBuyer eNews* is distributed to approximately 1,900 total Pharmacy Professionals and GPO Reps.

**2019 NPPA Advertising in RxBuyer eNews**  
**Credit Card Order Form**

Return to NPPA by email: [Advertising@PharmacyPurchasing.com](mailto:Advertising@PharmacyPurchasing.com)

*Credit card must be provided at time of order, to either pay in full or “hold” your reservation.  
If not paying by credit card at time of order, you will be billed after your reservation order is  
received, with payment due upon receipt of our invoice.*

*We accept Visa, M/C, American Express, & Discover.*

<u>Order</u>	<u>Position</u>	<u>Gross Per Ad</u>	<u>Ad Series</u>
<input type="checkbox"/>	Margin (Small)	\$250.00	<input type="checkbox"/> 1-Issue or <input type="checkbox"/> 4-Series
<input type="checkbox"/>	Margin (Large)	\$400.00	<input type="checkbox"/> 1-Issue or <input type="checkbox"/> 4-Series
<input type="checkbox"/>	Advertorial	\$600.00	<input type="checkbox"/> 1-Issue or <input type="checkbox"/> 4-Series
<input type="checkbox"/>	Advertorial w/Photo	\$675.00	<input type="checkbox"/> 1-Issue or <input type="checkbox"/> 4-Series

**\*Discounts:**    7% (NPPA Membership)    5% (4-Series)    15% (Offsite Ad Agency)  
(For additional details, see “Discounts Available” section on Page 1)

Publication Month Ad to appear in: \_\_\_\_\_

Company Placing Ad: \_\_\_\_\_

Total Due (with any applicable Discounts applied): \$ \_\_\_\_\_

Credit Card To:    Hold Reservation (you will be billed)    Pay Total Due In Full (with this order)

Card Number: \_\_\_\_\_

Expiration date (MM/YY): \_\_\_\_\_      Card Code: \_\_\_\_\_

Billing STREET address (numbers only): \_\_\_\_\_      Billing ZIP code: \_\_\_\_\_

Cardholder Name/s (printed): \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Name, Company, Email & Phone of person completing this form:

\_\_\_\_\_

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