

THE OFFICIAL PEER-REVIEWED PUBLICATION OF THE AMERICAN COLLEGE OF OSTEOPATHIC FAMILY PHYSICIANS

EDITORIAL

The Osteopathic Family Physician (OFP) journal is the official journal of the American College of Osteopathic Family Physicians (ACOFP). The peer-reviewed publication delivers timely information to help osteopathic family physicians care for their patients, improve their practices and better understand the activities ACOFP is taking on their behalf. The content areas of the journal reflect the interests of association members and other health professionals. These areas include such diverse topics as preventive medicine, managed care, osteopathic principles and practices, pain management, public health, medical education and practice management.

The journal's particular emphases include an active forum for the presentation of family medicine research in diverse settings, involving medical students, residents, Fellows and practicing professionals. The *OFP* journal provides a forum for careful systematic reviews of primary care. As the official publication of ACOFP, the *OFP* journal publishes policy statements, communications from the Board of Governors and notices of important committee and special interest group projects.

ORGANIZATIONAL AFFILIATION

American College of Osteopathic Family Physicians

CIRCULATION

7,180

AUDIENCE

Osteopathic Family Physicians

ISSUANCE

Frequency: 4 times per year

OFP JOURNAL ADVERTISING SALES

ACOFP | OFP Journal Attn: Matt Van Wie

Manager, Corporate & Educational Support

8501 W. Higgins Road, Suite 400 Chicago, Illinois 60631

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ABOUT ACOFP

The American College of Osteopathic Family Physicians (ACOFP) represents more than 18,000 family physicians, residents and students throughout the United States. Osteopathic family physicians, most commonly referred to as "DOs" (Doctors of Osteopathy), take a holistic, patient-centered approach to treating patients.

In addition to conventional medicine, DOs also use Osteopathic Manipulative Treatment (OMT). With OMT, DOs use their hands to diagnose and treat illnesses and injuries through a series of techniques that involve moving muscles and joints through stretching, resistance and pressure.

WHO SHOULD ADVERTISE WITH US?

Are you thinking about advertising in *OFP*? In the past, interested advertisers have come from the following areas:

- Pharmaceutical company
- Medical supply company
- Medical malpractice company
- · Medical equipment company
- Diagnostic testing company
- · Medical apparel company



www.acofp.org

RATES & SCHEDULE

ACCEPTANCE OF ADVERTISING

The publisher, editor and association reserve the right to reject any advertising for any reason. Advertiser shall indemnify and hold harmless the publisher, editor and the owner of the journal from and against any loss, expense, claim or liability resulting from their advertisement. Advertiser warrants that its advertisements comply with all applicable laws, rules, and regulations. New copy must be submitted by the print material deadline.

BLACK & WHITE RATES

Rates	Full Page	1/2 Page		
1x	\$1,750	\$1,250		
3x	\$4,750	\$3,500		
6x	\$9,000	\$6,750		

COLOR RATES: 4 color process (CMYK)

Rates	Full Page	1/2 Page		
1x	\$3,250	\$2,750		
3x	\$8,750	\$7,500		
6x	\$17,500	\$15,000		

PREFERRED POSITIONS

Preferred Position	Rate		
Inside Front Cover	50% B/W page rate		
Inside Back Cover	25% B/W page rate		
Opposite Table of Contents	25% B/W page rate		
First Right Hand Page	25% B/W page rate		
Other Preferred Positions	10% B/W page rate		

PUBLICATION SCHEDULE

Volume/ Issue	Publication Date	Print Materials Deadline	Inserts Due
15/1	Jan/Feb	12/03/22	11/29/22
15/2	May/Jun	04/01/23	03/28/23
15/3	Aug/Sept	07/03/23	06/30/23
15/4	Nov/Dec	09/30/23	09/26/23

No cancellations will be accepted after closing date. Covers and preferred positions are non-cancellable. Dates subject to change.

PRODUCTION SPECS

MECHANICAL SPECIFICATIONS

Keep live matter 1/4" from all trim edges.

	Ad Size		
Full Page	7" x 9"		
1/2 Page Vertical	3.25" x 9"		
1/2 Page Horizontal	7" x 4.5"		

INSERT INFORMATION

All inserts must be submitted to Royle for approval of stock, design and other mechanical specifications.

INSERT RATES

Furnished inserts are billed at the black and white rate times the number of insert pages.

- Two-page insert (one leaf): Two-times earned frequency rate
- Four-page or larger insert is black and white earned frequency rate per page.

GENERAL INSTRUCTIONS

- 1/8" to trim off; top, bottom, gutter and face of inserts
- Keep live area ¼" from trim
- Apply ½" safety to both sides of gutter
- Inserts should be on 60# 80# text weight paper

2-PAGE INSERT W/BINDING HANGER

- Final stitched size: 8"x 10.625"
- **Include 3.75" x 11" binding hanger
- Supply binding hanger pre-folded. Supplied 2-page insert should be folded to; 8.125" x 11"

4-PAGE & 8-PAGE INSERTS

- Final stitched size: 8"x 10.625"
- Include 3/8" x 11" binding lip
- Supply folded to Royle; 8.125" x 11" + 3/8" x 11" binding lip

FINAL TRIM SIZE OF JOURNAL & INSERTS:

• 8"x10.625"

PRINT AD SPECIFICATIONS

FILE FORMAT

Please provide one (or more) of the following:

- · InDesign version CS6 or higher
- Adobe Illustrator version CS6 or higher
- EPS (exported from Adobe Illustrator)
- PDF (exported from Adobe InDesign or Illustrator)

Additional costs may apply if problems are encountered.

NOTE: When using Adobe Illustrator, it is preferred to have all fonts converted to outline/paths, and files submitted as EPS files.

IMAGES

All images must be CMYK, high-resolution, at 300 dpi and embedded in the submitted file. Images that are large in size can be submitted separately.

Embedded images should be manipulated in a proper image editing program (e.g., Photoshop) and then imported into the page layout program at proper size and position.

PAGE LAYOUT

Regardless of the file format supplied, all ads must conform to the following specifications:

- Final size must be desired ad size (see ad size chart).
- Apply 1/4" safety bleed to all sides.
- Keep live area 1/4" from edges.
- Type should be no less than 6 pt. Fine lettering (thin lines, serifs) should be restricted to one color.
- · DO NOT nest EPS files within EPS files.
- All lines and line art images should be of a minimum 1/3 pt thickness (1/2 pt for reverses) at final size to reproduce effectively on press.

COLOR SPACE

All color images and files are to be supplied as CMYK with a Total Area Coverage (TAC) not to exceed 300% for the darkest area of an image. Files supplied as RGB will be automatically converted to CMYK.

SPOT COLORS

Spot colors are to be identified using the standard Pantone naming convention and not a custom color such as "Dark Blue." PMS colors will be converted to process unless otherwise specified.

NOTE: Corrections to digital ads previously submitted are limited to minor text changes, provided certain conditions are met. Revised files must be supplied in the case of major text or design changes.



^{*}State and local taxes may apply.

Email

2024 RATE & PAYMENT FORM

BLACK & WHITE ADS (Check your selection.)

Rates	Full Page	1/2 Page		
1x	o \$1,750	o \$1,250		
3x	o \$4,750	o \$3,500		
6x	o \$9,000	o \$6,750		

PREFERRED POSITIONS (Check your selection.)

Preferred Position	Rate
Inside Front Cover	o 50% B/W page rate
Inside Back Cover	o 25% B/W page rate
Opposite Table of Contents	o 25% B/W page rate
First Right Hand Page	o 25% B/W page rate
Other Preferred Positions	o 10% B/W page rate

PUBLICATION OF ADS (check your selection)

Place Ad(s) Here	Volume/ Issue	Publication Date	
0	15/1	January/February	
0	15/2	May/June	
0	15/3	August/September	
0	15/4	November/December	

COLOR ADS (Check your selection.)

Rates	Full Page	1/2 Page		
1x	o \$3,250	o \$2,750		
3x	o \$8,750 o \$7,500			
6x	o \$17,500	o \$15,000		

SHIP INSERTS TO:

ROYLE PRINTING

Attn: Shawn Cordy

745 S Bird Street, Sun Prairie, WI 53590

scordy@royle.com

SUBMIT ADVERTISING MATERIALS & ORDERS TO:

8501 W. Higgins Road, Suite 400 Chicago, Illinois 60631 Attn: Sonia Binder sales@acofp.org

OVERALL TOTAL:					
PAYMENT METHOD:					
o Check (Make checks payable to ACOFP)	o Visa	o Ma	sterCard	o Discover	o American Express
YOUR ORGANIZATION'S INFORMATION:		CI	REDIT CARD	INFORMATION:	
Company Name		No.	ıme on Card		
Contact Name, Title			rd #		
Address			o. Date		CSV Code
City, State, Zip		Sig	nature		
Phone Fax					a cof