



## AMT Update eNewsletter Advertising Rates

American Medical Technologists (AMT) is a nationally and internationally recognized certification agency and membership society for the following allied health professionals: Medical Technologists, Medical Laboratory Technician, Phlebotomy Technician, Medical Assistant, Medical Administrative Specialist, Medical Laboratory Assistant, Dental Assistant, Clinical Laboratory Consultant, and Allied Health Instructor.

AMT Update eNewsletter is an electronic newsletter emailed to 75,000 AMT members bimonthly.

- Frequency: Bimonthly in January, March, May, July, September, and November (third week of month)
- Advertising interspersed with editorial content; formatted for mobile devices
- Statistics: Total open rate 50%; Total click 3%
- Closing: Ad and payment due 1<sup>st</sup> of month of distribution
- Format accepted is PDF or JPEG

Ad Insertion Rate – one time	Price
Top Page Horizontal Banner (375 x 125 pixels up to 630 x 150 pixels)	\$800
Bottom Page Horizontal Banner (375 x 125 pixels up to 630 x 150 pixels)	\$600

### Top Page

### Bottom Page

### Terms of Advertising

- All advertising is subject to approval. Publisher reserves the right to reject any advertisement not in keeping with AMT publication standards.
- Advertisers and advertising agencies assume liability for all content of advertisements and assume responsibility for any claims made against the advertiser.
- Inclusion of advertising in AMT publications is neither a guarantee nor an endorsement by American Medical Technologists—or the AMT publication—of products, services, or claims made in advertisements.



## AMT Update eNewsletter Advertising Order Form

Ad Placement (Check one or more)	Price	
Top Page Horizontal Banner	\$800	
Bottom Page Horizontal Banner	\$600	
Issue (Check one or more)	Jan	
	Mar	
	May	
	July	
	Sept	
	Nov	

Total Payment Due	
Ad Price	\$
Number of Issues	
<b>Total</b>	\$

### PAYMENT INFORMATION

Check/money order enclosed (Payable to AMT)

By sending your completed, signed check to AMT, you authorize AMT to use the account information from your check to make a one-time electronic fund transfer from your account for the same amount as the check. If the electronic fund transfer cannot be processed for technical reasons, you authorize us to process the copy of your check.

Visa  Master Card  Discover Card  American Express

Credit card number: \_\_\_\_\_ CVV: \_\_\_\_\_ Expiration: \_\_\_\_\_

Billing address of credit card holder: \_\_\_\_\_

Credit card holder's e-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**Submit completed form and ad artwork to: [mail@americanmedtech.org](mailto:mail@americanmedtech.org) Attn: Janet**