# acofp OFP JOURNAL

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**

Sonia Binder sales@acofp.org

# **ABOUT ACOFP**

The American College of Osteopathic Family Physicians (ACOFP) represents more than 25,000 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



# **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.

\*State and local taxes may apply.

## **BLACK & WHITE RATES**

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

COLOR RATES: 4 color	r process (CMYK)
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Rates	Full Page	1/2 Page
1x	\$3,250	\$2,750
Зx	\$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
16/1	March	1/3/24	1/3/24
16/2	June	4/1/24	4/1/24
16/3	September	7/3/24	7/3/2024
16/4	December	10/10/24	10/10/2024

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 1/2" 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 file
- Adobe Illustrator file
- 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.



# **2024 RATE & PAYMENT FORM**

## BLACK & WHITE ADS (Check your selection.)

Rates	Full Page	1/2 Page
1x	o \$1,750	o \$1,250
Зx	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)

Volume/ Issue	Publication Date
15/1	January/February
15/2	May/June
15/3	August/September
15/4	November/December
	lssue 15/1 15/2 15/3

## COLOR ADS (Check your selection.)

Rates	Full Page	1/2 Page	
1x	o \$3,250	o \$2,750	
Зx	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:

www.acofp.org

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 MasterCard o Discover o American Express

#### YOUR ORGANIZATION'S INFORMATION:

#### **CREDIT CARD INFORMATION:**

Company Name		Name on Card	
Contact Name, Title		Card #	
Address		Exp. Date	CSV Code
City, State, Zip		Signature	
Phone	Fax		acofp