

**MALAYSIAN MEDICAL ASSOCIATION
BERITA MMA
ADVERTISEMENT BOOKING FORM**

Submission deadline: The artwork to be submitted one month before publication (*e.g Aug issue, submission by 1st of July*)
Format of artwork: High resolution PDF with fonts outlined (*to avoid the problem of missing fonts*)
All advertisements are coloured with the exception of classified advertisements
All advertisements are subject to approval by the Editorial Board. Payment to be made upon booking.

Please book the following Advertisement / Advertorial space for the year **20** _____

Please indicate with a (v) the month of your advertisement booking

Jan Feb Mar Apr May Jun
 July Aug Sep Oct Nov Dec

Please indicate with a (v) the size of your advertisement. Any other sizes please contact secretariat.

<input type="checkbox"/> Full page (A4-29.7cm x 21cm)	RM 3000	<input type="checkbox"/> Single column 8cm x 3cm (height)	RM 300
<input type="checkbox"/> Back page (A4-29.7cm x 21cm)	RM 4000	<input type="checkbox"/> Single column 8cm x 5cm (height)	RM 500
<input type="checkbox"/> Inside front page (A4-29.7cm x 21cm)	RM 3500	<input type="checkbox"/> Single column 8cm x 7cm (height)	RM 700
<input type="checkbox"/> Inside back page (A4-29.7cm x 21cm)	RM 3500	<input type="checkbox"/> Single column 8cm x 10cm (height)	RM 1000
<input type="checkbox"/> Half page (14.75cm x 21cm)	RM 2000	<input type="checkbox"/> Single column 8cm x 15cm (height)	RM 1500
<input type="checkbox"/> Bottom Panel (6cm x 21cm)	RM 1200	<input type="checkbox"/> One + half column 12cm x 3cm (height)	RM 360
<input type="checkbox"/> Double Page Spread (A3 - 29.7cm x 43cm)	RM 5000	<input type="checkbox"/> Double column 16cm x 3cm (height)	RM 480
<input type="checkbox"/> Insert flyers (charges based on weight) min	RM 0.60	<input type="checkbox"/> Double column 16cm x 10cm (height)	RM 1600
Weight: _____ Qty: _____	RM _____	<input type="checkbox"/> Any other sizes: _____	RM _____

Company Name : _____

Address : _____

Contact Person : _____ Tel No : _____

Email Address : _____ Fax No : _____

KLIU No : _____ Signature: _____

Date :

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For Office Use Only

Approval of Booking : Yes No Date :

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Amount : RM _____ Invoice No : _____ Discount
Approved : _____

Amount after Discount: _____

Remarks: _____

For Further Info Please Contact :

MMA Secretariat (Ms Hema) : Tel 03 - 4041 1375 & Fax 03-4041 8187 / 4041 9929 or
 Email: publications@mma.org.my