



We must receive a completed Order Form for each artist.

ADVERTISER NAME: _____ **phone:** _____

e-mail: _____ **fax:** _____

shipping address: _____

city: _____ **state** _____ **zip** _____ **country** _____

ADVERTISER LISTING: Spell out exactly how you would like to be listed in our advertiser index — you may choose to list either your “Last Name, First Name” or “Company Name” — we cannot list both. Rep groups may provide 1 listing for each full page artist, plus 1 listing for the rep/company.

Last Name: _____ **First Name:** _____

OR

Company Name: _____

BOOK MAILING ADDRESS—for all correspondence, invoices and your copy of the Medical Illustration & Animation.

Is this a new address? ☐ yes ☐ no

street or P. O. Box: _____

city: _____ **state** _____ **zip** _____ **country** _____

SECTION / NUMBER OF PAGES SUBMITTED:

☐ Medical Animation / Multimedia: _____

☐ Medical & Natural Science Illustration: _____

FILE INFORMATION:

Filename: _____ **Date Uploaded:** _____

☐ I am providing a press-ready PDF.

Application and version used:

☐ Photoshop, Ver. _____ ☐ Illustrator, Ver. _____

☐ InDesign, Ver. _____ ☐ Other: _____

☐ I am using Cloud Fonts. ☐ Please activate the following Cloud Fonts:

Comments:

ADDITIONAL PRODUCTION CHARGES: Please check all that apply.

Late Artwork Submissions:

☐ Artwork received between Feb 5th and 9th 5%

☐ Artwork received after Feb 12 10%

PRODUCTION AND DESIGN FEES:

☐ Minimum charge for production work after artwork submission / . . \$125

☐ Page design service \$275 (single) or \$450 (spread)

Submit this form along with your artwork by February 2, 2024 to:

<http://production.medillsb.com>

Tel: 800.876.6425 or 805.963.0439, Ex. 2230

updated 12/04/2024