**EyeNet** is the Academy’s official newsmagazine and the premier source among the ophthalmic trade press of credible information for ophthalmologists. **EyeNet** delivers practical clinical information that can be applied immediately in patient care, plus coverage of a broad range of subjects of interest to ophthalmologists, including business and news—all in a concise, highly readable format.

**Organization Affiliation**

**EyeNet** is a member benefit for American Academy of Ophthalmology (AAO) Members and Members in Training worldwide. It also is a benefit for American Academy of Ophthalmic Executives (AAOE) Members.

AAO membership includes 93% of practicing U.S. ophthalmologists and 99% of ophthalmologists completing a residency or fellowship training program.

AAOE membership includes approximately 6,000 office administrators, managers, and physicians.

**Issuance**

**FREQUENCY:** 12 times a year  
**ISSUE DATE:** First of the month  
**MAILING DATE & CLASS:** 25th of the preceding month, second class  
**AVERAGE CIRCULATION:** 22,000 (see page 10 for details)

**Advertising**

**ACCEPTANCE AND COPY RESTRICTIONS:** Subject to approval by the Academy  
**PLACEMENT POLICY:** Interspersed
Capsular rupture occurred in 1.04% of 62,994 cataract procedures performed at Moorfields Eye Hospital in London. Researchers have found a direct association between intravitreal injections and capsular rupture (PCR) during a later cataract surgery, British researchers have found.1

In a first study, using the electronic health records (EHRs) of patients who underwent cataract surgery at 15 centers in the United Kingdom, researchers analyzed 1,035 eyes among 1,013 patients with 1 or more injections. Among the 1,035 eyes, 1.88% had capsular rupture. However, when intravitreal injections were being administered in these eyes, the PCR rate was 5.30%. The rate of PCR was 1.87% when the eye was not being injected.2

In another U.S. study, researchers analyzed Medicare data and found that patients with prior intravitreal injections had a significantly higher risk of capsular rupture following cataract surgery. This study included 197 eyes of 196 patients from 3 groups of U.S. and U.K. surgeons. The PCR rate for these eyes was 4.39%. The PCR rate was 0.73% when the eyes were not being injected. The third study also combed through thousands of EHR records to uncover a direct association between intravitreal injections and capsular rupture.3

“Given the increased risk, surgery should be performed by cataract surgeons able to amend their surgical technique according to need, “ the researchers wrote. They further advised surgeons to consider during preoperative planning: prior intravitreal injections when counseling patients for surgery, as well as when deciding on the seniority of the surgeon undertaking the surgery. “These eyes are certainly not routine and are a new patient risk factor for cataract surgery,” said coauthor Zaid Shalchi, FRCOphth, MRCP, MSc. “This is important because it is a reminder that we still do not understand what leads to PCR and we do not know whether the capsule is safe after intravitreal injections,” he said. “It is a reminder that we still don’t understand this process.”

Shalchi said that his group could calculate how many patients are at risk of capsular rupture when intravitreal injections are being administered. “When intravitreal injections are being administered, there is a new patient risk factor for capsular rupture that the surgeon should be aware of,” he said. “If surgeons are going to perform cataract surgery on these eyes, they should be aware of the increased risk and should be able to amend their surgical technique accordingly.”

Yet the type of surgical technique surgeons used in these cases could not be assessed in the study. “Our study is observational and prospective,” Shalchi said. “We cannot determine what type of surgical technique was used in these cases. However, we can say that surgeons should be aware of the increased risk of capsular rupture when intravitreal injections are being administered.”

“Given the increased risk, surgery should be performed by cataract surgeons able to amend their surgical technique according to need,” the researchers wrote. They further advised surgeons to consider during preoperative planning: prior intravitreal injections when counseling patients for surgery, as well as when deciding on the seniority of the surgeon undertaking the surgery.

The London researchers found that the risk of PCR was significantly higher when intravitreal injections were being administered than when they were not. In the study, the PCR rate was 5.30% when the eye was being injected. The PCR rate was significantly higher than the rate of 1.87% when the eye was not being injected. The researchers found that the risk of PCR was significantly higher when intravitreal injections were being administered than when they were not. In the study, the PCR rate was 5.30% when the eye was being injected. The PCR rate was significantly higher than the rate of 1.87% when the eye was not being injected. The researchers found that the risk of PCR was significantly higher when intravitreal injections were being administered than when they were not. In the study, the PCR rate was 5.30% when the eye was being injected. The PCR rate was significantly higher than the rate of 1.87% when the eye was not being injected. The researchers found that the risk of PCR was significantly higher when intravitreal injections were being administered than when they were not. In the study, the PCR rate was 5.30% when the eye was being injected. The PCR rate was significantly higher than the rate of 1.87% when the eye was not being injected. The researchers found that the risk of PCR was significantly higher when intravitreal injections were being administered than when they were not. In the study, the PCR rate was 5.30% when the eye was being injected. The PCR rate was significantly higher than the rate of 1.87% when the eye was not being injected. The researchers found that the risk of PCR was significantly higher when intravitreal injections were being administered than when they were not. In the study, the PCR rate was 5.30% when the eye was being injected. The PCR rate was significantly higher than the rate of 1.87% when the eye was not being injected. The researchers found that the risk of PCR was significantly higher when intravitreal injections were being administered than when they were not. In the study, the PCR rate was 5.30% when the eye was being injected. The PCR rate was significantly higher than the rate of 1.87% when the eye was not being injected. The researchers found that the risk of PCR was significantly higher when intravitreal injections were being administered than when they were not. In the study, the PCR rate was 5.30% when the eye was being injected. The PCR rate was significantly higher than the rate of 1.87% when the eye was not being injected. The researchers found that the risk of PCR was significantly higher when intravitreal injections were being administered than when they were not. In the study, the PCR rate was 5.30% when the eye was being injected. The PCR rate was significantly higher than the rate of 1.87% when the eye was not being injected. The researchers found that the risk of PCR was significantly higher when intravitreal injections were being administered than when they were not. In the study, the PCR rate was 5.30% when the eye was being injected. The PCR rate was significantly higher than the rate of 1.87% when the eye was not being injected. The researchers found that the risk of PCR was significantly higher when intravitreal injections were being administered than when they were not. In the study, the PCR rate was 5.30% when the eye was being injected. The PCR rate was significantly higher than the rate of 1.87% when the eye was not being injected. The researchers found that the risk of PCR was significantly higher when intravitreal injections were being administered than when they were not. In the study, the PCR rate was 5.30% when the eye was being injected. The PCR rate was significantly higher than the rate of 1.87% when the eye was not being injected. The researchers found that the risk of PCR was significantly higher when intravitreal injections were being administered than when they were not. In the study, the PCR rate was 5.30% when the eye was being injected. The PCR rate was significantly higher than the rate of 1.87% when the eye was not being injected. The researchers found that the risk of PCR was significantly higher when intravitreal injections were being administered than when they were not. In the study, the PCR rate was 5.30% when the eye was being injected. The PCR rate was significantly higher than the rate of 1.87% when the eye was not being injected. The researchers found that the risk of PCR was significantly higher when intravitreal injections were being administered than when they were not. In the study, the PCR rate was 5.30% when the eye was being injected. The PCR rate was significantly higher than the rate of 1.87% when the eye was not being injected. The researchers found that the risk of PCR was significantly higher when intravitreal injections were being administered than when they were not. In the study, the PCR rate was 5.30% when the eye was being injected. The PCR rate was significantly higher than the rate of 1.87% when the eye was not being injected. The researchers found that the risk of PCR was significantly higher when intravitreal injections were being administered than when they were not. In the study, the PCR rate was 5.30% when the eye was being injected. The PCR rate was significantly higher than the rate of 1.87% when the eye was not being injected. The researchers found that the risk of PCR was significantly higher when intravitreal injections were being administered than when they were not. In the study, the PCR rate was 5.30% when the eye was being injected. The PCR rate was significantly higher than the rate of 1.87% when the eye was not being injected. The researchers found that the risk of PCR was significantly higher when intravitreal injections were being administered than when they were not. In the study, the PCR rate was 5.30% when the eye was being injected. The PCR rate was significantly higher than the rate of 1.87% when the eye was not being injected. The researchers found that the risk of PCR was significantly higher when intravitreal injections were being administered than when they were not. In the study, the PCR rate was 5.30% when the eye was being injected. The PCR rate was significantly higher than the rate of 1.87% when the eye was not being injected. The researchers found that the risk of PCR was significantly higher when intravitreal injections were being administered than when they were not. In the study, the PCR rate was 5.30% when the eye was being injected. The PCR rate was significantly higher than the rate of 1.87% when the eye was not being injected. The researchers found that the risk of PCR was significantly higher when intravitreal injections were being administered than when they were not. In the study, the PCR rate was 5.30% when the eye was being injected. The PCR rate was significantly higher than the rate of 1.87% when the eye was not being injected. The researchers found that the risk of PCR was significantly higher when intravitreal injections were being administered than when they were not. In the study, the PCR rate was 5.30% when the eye was being injected. The PCR rate was significantly higher than the rate of 1.87% when the eye was not being injected. The researchers found that the risk of PCR was significantly higher when intravitreal injections were being administered than when they were not. In the study, the PCR rate was 5.30% when the eye was being injected. The PCR rate was significantly higher than the rate of 1.87% when the eye was not being injected. The researchers found that the risk of PCR was significantly higher when intravitreal injections were being administered than when they were not. In the study, the PCR rate was 5.30% when the eye was being injected. The PCR rate was significantly higher than the rate of 1.87% when the eye was not being injected. The researchers found that the risk of PCR was significantly higher when intravitreal injections were being administered than when they were not. In the study, the PCR rate was 5.30% when the eye was being injected. The PCR rate was significantly higher than the rate of 1.87% when the eye was not being injected. The researchers found that the risk of PCR was significantly higher when intravitreal injections were being administered than when they were not. In the study, the PCR rate was 5.30% when the eye was being injected. The PCR rate was significantly higher than the rate of 1.87% when the eye was not being injected. The researchers found that the risk of PCR was significantly higher when intravitreal injections were being administered than when they were not.
## 2018 EDITORIAL CALENDAR

### The Best in Clinical Insights

#### January
**Effective Humanitarian Ophthalmology.** What to plan in the year ahead? International volunteering! There are ways to do it well. Get guidance from those who have been there. Plus, domestic volunteer opportunities abound—consider working in a medically underserved community near you.

**Clinical Updates**
Comprehensive • Refractive

#### February
**Minimally Invasive Glaucoma Surgery.** Join the discussion about the latest FDA-approved MIGS devices. Which device to use and when? How do they fit into the larger glaucoma treatment picture? What do you need to know about reimbursement?

**Clinical Updates**
Cornea • Retina
Distributed at APAO

#### March
**Cataract Spotlight Session.** Revisiting the Spotlight on Cataract session during AAO 2017, EyeNet presents a variety of surgical cases, along with audience poll questions and answers, and fresh expert commentary.

**Clinical Updates**
Glaucoma • Oncology

#### April
**Retinal Detachment.** While retinal detachment may seem like a straightforward diagnosis, it can sometimes be missed or not referred as urgently as it should be. A review of the facts.

**Clinical Updates**
Cataract • Pediatrics
Distributed at ASCRS

#### May
**Aesthetics in Practice.** Ever-increasing consumer demand for anti-aging treatment combined with a bounty of aesthetics tools and treatments—from the intense pulse light laser to classic Botox—put this business-building option within reach.

**Clinical Updates**
Glaucoma • Neuro

#### June
**Vision Rehab: The Ophthalmologist’s Responsibility.** Vision rehabilitation is an entire comprehensive approach to rethinking an individual’s life. But it’s not as overwhelming as it sounds. What the ophthalmologist needs to know.

**Clinical Updates**
Trauma • Uveitis
Distributed at SOE

#### July
**Practice Models for the Ophthalmology-led Team.** Will the ophthalmology-led eye care team become increasingly common? EyeNet examines several models to compare the advantages and drawbacks of each, as well as the ophthalmologist’s changing role.

**Clinical Updates**
Glaucoma • Retina
Distributed at ASRS

#### August
**Roundup of Dry Eye Treatments.** As new diagnostics and therapeutics join the swelling ranks of dry eye products, experts report on their in-clinic experiences with these tools, answering the question: Which ones are most valuable for optimal patient care?

**Clinical Updates**
Cataract • Refractive

#### September
**Innovative Ideas in Cataract.** From dropless cataract surgery to refractive index shaping and innovations beyond. What are the most disruptive technologies in—or on their way to—the cataract suite?

**Clinical Updates**
Comprehensive • Oculoplastic
Distributed at ESCRS

#### October
**Technology Report.** A look at where ophthalmology stands with respect to new and emerging technologies—from apps to big data, imaging, and beyond. How will ophthalmologists use these advances to move patient care and the profession forward?

**Clinical Updates**
Cornea • Oncology • Retina
Distributed at AAO 2018

#### November
**OCT-A in the Clinic.** Is OCT angiography ready for mainstream use? Subspecialty experts talk about when and how to use it in the clinic.

**Clinical Updates**
Cornea • Neuro

#### December
**A Look Ahead.** EyeNet invites three experts to discuss the news and trends within their subspecialties from 2018 and to examine these events for their likelihood to affect the profession of ophthalmology into the coming years.

**Clinical Updates**
Comprehensive • International

### 2018 Ad and Materials Deadlines

<table>
<thead>
<tr>
<th>Month</th>
<th>Ad close</th>
<th>Materials close</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>December 4</td>
<td>December 8</td>
</tr>
<tr>
<td>February</td>
<td>January 3</td>
<td>January 5</td>
</tr>
<tr>
<td>March</td>
<td>January 29</td>
<td>February 2</td>
</tr>
<tr>
<td>April</td>
<td>March 5</td>
<td>March 9</td>
</tr>
<tr>
<td>May</td>
<td>April 2</td>
<td>April 6</td>
</tr>
<tr>
<td>June</td>
<td>May 2</td>
<td>May 4</td>
</tr>
<tr>
<td>July</td>
<td>May 31</td>
<td>June 1</td>
</tr>
<tr>
<td>August</td>
<td>July 2</td>
<td>July 6</td>
</tr>
<tr>
<td>September</td>
<td>August 1</td>
<td>August 3</td>
</tr>
<tr>
<td>October</td>
<td>September 4</td>
<td>September 7</td>
</tr>
<tr>
<td>November</td>
<td>October 1</td>
<td>October 5</td>
</tr>
<tr>
<td>December</td>
<td>November 5</td>
<td>November 9</td>
</tr>
</tbody>
</table>
What Ophthalmologists Think About EyeNet
Kantar Media, an independent, third party market research firm, conducts annual readership surveys to study the reading habits of U.S. ophthalmologists. 2017’s findings show the following rankings.

**#1 in High Readers.** EyeNet has the most dedicated readers for the 8th year in a row.
**SOURCE:** Kantar Media, 2017 Eyecare Readership Study.

**#1 in Average Page Exposures.** More ophthalmologists are likely to see a page in EyeNet than any other ophthalmic publication for the 5th year in a row.
**SOURCE:** Kantar Media, 2017 Eyecare Readership Study.

The Newsmagazine With The Most Receptive Readers
EyeNet leads the pack among ophthalmologists you want to reach: **#1 in high readers and #2 in ad page exposures in all of the categories below.**

**Those who do not see sales representatives.** How else are these physicians going to hear about your product? Get your foot in the door with them via EyeNet.

**Early drug adopters.** Reach the ophthalmologists who prescribe as soon as they see a new drug.

**Those who intend to purchase diagnostic equipment in next year.** These are the physicians who are in the frame of mind to make purchases—target them when they’re in the market to buy.

**Ophthalmologists under the age of 45.** Doctors in this demographic are still forming their prescribing habits—take advantage of this by marketing to as many as you can via EyeNet.

**Key opinion leaders.** Reach the ophthalmologists whose colleagues admire them and look to them for guidance.

**Write more than 50 prescriptions per week.** Highly productive prescribers, prolific rx writers.
**SOURCE:** Kantar Media, 2017 Eyecare Readership Study.

**DEFINITIONS OF TERMS**
**High readers:** Those who read with high frequency in high numbers (3/4 and 4/4 issues and high percentage of pages).
**Ad page exposures:** Combines how thoroughly the publication is read with the number of pages and ad locations to predict the probability that a reader will be exposed to an advertisement.

**Average page exposures:** Factors how frequently and thoroughly a reader goes through an issue to project the likelihood of exposure to any page in the publication.
YOUR 2018 MARKETING PLAN

Create an All-Encompassing, Multi-Platform Campaign

With *EyeNet Magazine* at the center of your marketing plan, you are guaranteed a loyal and avid reader base. Build out from that core with *EyeNet’s* satellite offerings: AAO 2018 print and electronic publications, custom supplements offered throughout the year, educational events, and digital opportunities to engage your audience when and how they choose to read the magazine.

AAO 2018 Opportunities

**AAO 2018 DAILY.** *EyeNet’s* clinical e-newsletter is reported over 4 days in Chicago to keep ophthalmologists on top of news from Subspecialty Day and AAO 2018. It is emailed nightly to more than 72,000 recipients and posted to aao.org/eyenet for double exposure.

**AAO 2018 NEWS.** The Academy’s convention tabloid provides extensive meeting news and information. There are 2 editions—1 distributed on Friday, the other on Sunday—displayed in high-visibility locations throughout the hall. The Friday edition guarantees distribution via a door drop to 11,000 attendees. Your ad will appear in both editions.

**AAO 2018 NEWS DISTRIBUTION BINS.** Includes advertising on 2 publication bins on the top, side, and kick panels, located in high-profile locations in the convention center.

**“BEST OF” SELECTIONS.** Each edition recaps the important discoveries, issues, and trends in a subspecialty. Cornea, Glaucoma, and Retina editions are distributed at Subspecialty Day, while Refractive-Cataract is distributed at both Subspecialty Day and the Spotlight on Cataract Surgery session.

**DESTINATION SERIES.** AAO 2018 attendees turn to this 6-part series in *EyeNet* for deadlines, event previews, interviews, sneak peeks, and more (May to October).

**EYENET CORPORATE EVENTS.** Take your hour-long message directly to ophthalmologists during AAO 2018 at a convenient onsite location. You develop the program, *EyeNet* handles the marketing and logistics.

**EXHIBITOR GUIDE.** The ONLY printed exhibitor list for AAO 2018, delivered straight to attendees in their registration bags! Showcase your product with an upgraded listing.

**OPHTHALMIC PHOTOGRAPHY CALENDAR.** An eye-catching collection of striking ophthalmic images, the *Calendar* is distributed to meeting attendees via registration bags, and your corporate logo is displayed on each page.
Year-Round Opportunities

COVER TIP ADVERTISING. Showcase your brand front and center on EyeNet’s cover. Ship preprinted tips or send a high-resolution, press-ready PDF for EyeNet to print.

INDUSTRY-SPONSORED SUPPLEMENTS. Tell the full story of your products or services to ophthalmologists with a supplement polybagged with the monthly issue. Develop your own content and design your own cover and layout—or use the modified EyeNet design template provided by the Academy.

MIPS MANUAL 2018: A PRIMER AND REFERENCE. This booklet opens with a quick overview before taking a detailed, deeper dive into the regulations. It includes listings for scores of MIPS measures and activities, making it a valued reference. (Posted online ahead of print.)

YO SUPPLEMENT. Read by 4,000 ophthalmologists at the start of their careers, this supplement gets young ophthalmologists up to speed on key topics that aren’t covered during residency and gives them a firm grounding in the business aspects of ophthalmic practice.

OTHER SUPPLEMENTS. Got a topic in mind? EyeNet can work with your team to develop supplements in your area of interest.

Spotlight on Digital

eTOC. This monthly e-blast provides all Academy members with on-the-go highlights of EyeNet print content. With approximately 27,000 recipients, a 32% open rate, and 7% clickthrough rate, the blast features prominent ad positioning.

SPOTLIGHT IMAGE. Your image and case description is rotated in every month onto a dedicated page on aao.org/eyenet. Callouts and links provide extra exposure.

VIDEO. EyeNet offers 2 options for video advertising on aao.org/eyenet.
  • Leading into the multimedia extra. Placing a 7-second video spot at the beginning guarantees undivided attention from ophthalmologists, as they must watch the ad before viewing the clinical content.
  • Freestanding. Create a stand-alone video about your product. We will drive traffic to the video by mentioning it in the eTOC.

WEBSITE BANNERS. Multiple sizes are available (all are run-of-site): leaderboards, skyscrapers, and buttons. The website averages 150,000 unique visitors, and 207,000 views monthly.

RETINA EXPRESS. This monthly email blast for retina specialists and comprehensive ophthalmologists (9,000 circulation) contains links to retina-related content from around the Academy.
### Production Specifications

**EyeNet Magazine Trim Size**
8.125” x 10.875”

**Paper Stock**
- Inside Pages: 50 lb. text
- Cover: 70 lb. cover with varnish

**Binding**
- Perfect Bound

### Digital Ad Requirements

**High-resolution PDF is the preferred file format.**
These flattened files (PDF/X-1a:2001) should be created using Adobe Acrobat Distiller 4.05 (or greater) or exported from Quark XPress or InDesign using the PDF/X-1a:2001 setting. All graphics and fonts must be embedded. Spot colors, RGB, and LAB colors should be converted to CMYK before creating the PDF. All trim and registration marks must appear outside the bleed area (1/8 inch from trim). Scanned images must be saved as high resolution (at least 266 dpi) in TIFF or EPS format. Maximum ink density should not exceed 300%.

### FTP Instructions

Ads can also be submitted via FTP. Materials should be placed within a folder titled with the company name and issue date. Email EyeNet at cmorris@aao.org when the ad is uploaded.

- **Server address:** ftp.aao.org
- **Username:** enm
- **Password:** provided by cmorris@aao.org

### Reproduction Requirements

In order to ensure reproduction accuracy, color ads must be accompanied by a proof prepared according to SWOP standards. If a SWOP-certified proof is not supplied, the publisher cannot assume responsibility for correct reproduction of color.

*The Academy is not responsible for and reserves the right to reject materials that do not comply with mechanical requirements.*

### Insert Requirements

Average run is 22,000. Contact M.J. Mrvica Associates for further details.
Black-and-White Rates

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Full Page</th>
<th>2/3 Page</th>
<th>1/2 Page</th>
<th>1/4 Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1x</td>
<td>$3,286</td>
<td>$2,726</td>
<td>$2,135</td>
<td>$1,314</td>
</tr>
<tr>
<td>3x</td>
<td>$3,219</td>
<td>$2,672</td>
<td>$2,092</td>
<td>$1,288</td>
</tr>
<tr>
<td>6x</td>
<td>$3,121</td>
<td>$2,590</td>
<td>$2,028</td>
<td>$1,248</td>
</tr>
<tr>
<td>12x</td>
<td>$3,055</td>
<td>$2,536</td>
<td>$1,986</td>
<td>$1,222</td>
</tr>
<tr>
<td>18x</td>
<td>$2,956</td>
<td>$2,453</td>
<td>$1,922</td>
<td>$1,182</td>
</tr>
<tr>
<td>24x</td>
<td>$2,923</td>
<td>$2,427</td>
<td>$1,900</td>
<td>$1,170</td>
</tr>
<tr>
<td>36x</td>
<td>$2,858</td>
<td>$2,372</td>
<td>$1,857</td>
<td>$1,143</td>
</tr>
</tbody>
</table>

Color Rates

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Full Page</th>
<th>2/3 Page</th>
<th>1/2 Page</th>
<th>1/4 Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1x</td>
<td>$5,746</td>
<td>$5,172</td>
<td>$4,597</td>
<td>$3,735</td>
</tr>
<tr>
<td>3x</td>
<td>$5,632</td>
<td>$5,069</td>
<td>$4,505</td>
<td>$3,661</td>
</tr>
<tr>
<td>6x</td>
<td>$5,459</td>
<td>$4,913</td>
<td>$4,367</td>
<td>$3,548</td>
</tr>
<tr>
<td>12x</td>
<td>$5,345</td>
<td>$4,810</td>
<td>$4,276</td>
<td>$3,474</td>
</tr>
<tr>
<td>18x</td>
<td>$5,172</td>
<td>$4,655</td>
<td>$4,138</td>
<td>$3,362</td>
</tr>
<tr>
<td>24x</td>
<td>$5,114</td>
<td>$4,603</td>
<td>$4,091</td>
<td>$3,325</td>
</tr>
<tr>
<td>36x</td>
<td>$5,000</td>
<td>$4,499</td>
<td>$3,999</td>
<td>$3,250</td>
</tr>
</tbody>
</table>

Premium Positions and Inserts

Cover and Other Special Rates

COVER 2: 35% over earned black-and-white rate.
COVER 3: 20% over earned black-and-white rate.
COVER 4: 50% over earned black-and-white rate.
TABLE OF CONTENTS: 15% over earned black-and-white rate.
OPPOSITE EDITORIAL BOARD: 10% over earned black-and-white rate.

Inserts

2-PAGE INSERT: Two times earned black-and-white rate.
4-PAGE INSERT: Four times earned black-and-white rate.
OTHER ITEMS: Split runs available, but pricing will remain the same.

Advertising Incentives

ADVERTISING CONTINUITY PROGRAM: Advertise in three issues and earn a free ad of equal size in the third issue.

CUSTOM ADVERTISING PACKAGE: Contact M.J. Mrvica Associates for details.

Agency Information

AGENCY COMMISSION: 15% allowed to agencies of record, with billing to the agency. In-house agencies are acceptable.

AGENCY RESPONSIBILITY: Payment for all advertising ordered and published.

EARNED RATES: Earned rates are based on the total number of insertions (full or fractional pages) placed within a 12-month period.

Space purchased by a parent company and its subsidiaries is combined.
EyeNet Circulation Profile*
Active U.S. Academy Members ......................... 17,986
U.S. Academy Members in Training .................... 2,247
U.S. AAOE Members (nonphysician) ................... 3,681

American Academy of Ophthalmology Members
Self-Reported Subspecialty Focus*
( primary and secondary)
Administration/Organization Leadership ............ 114
Cataract .......................................................... 6,033
Comprehensive Ophthalmology ....................... 7,443
Cornea/External Disease ................................. 1,933
Glaucoma ......................................................... 2,142
International Ophthalmology ............................ 41
Low Vision Rehab ............................................ 27
Medical Education ........................................... 45
Neuro-Ophthalmology ...................................... 420
Ocular Oncology .............................................. 165
Ocular Plastics/Reconstructive ............................ 1,193
Ophthalmic Genetics ........................................ 49
Ophthalmic Pathology ....................................... 89
Other ..................................................................... 295
Pediatric Ophthalmology and Strabismus ............ 1,135
Refractive Surgery ............................................ 2,058
Retina: Medical Only ........................................ 649
Retina/Vitreous: Medical and Surgery ............... 2,814
Uveitis/Immunology ......................................... 404


1. Only Publisher may accept advertising.
2. Invoices are rendered on the publication date of each issue and are due and payable upon receipt of invoice.
3. Publisher shall have the right to hold advertiser and/or advertising agency jointly and severally liable for such monies as are due and payable to Publisher for published advertising ordered by advertiser or its agent.
4. Publisher reserves the right to reject or cancel any advertisement that, in Publisher’s sole opinion, Publisher determines is not in keeping with the publication’s standards or for any other reason, even if advertising has been published previously by Publisher.
5. Advertiser assumes all liability for all content (including text, illustrations, representations, copyright, etc.) for published advertisements and further indemnifies and holds harmless Publisher for any claims against Publisher arising from the advertisement.
6. Any attempt to simulate the publication’s format or content is not permitted, and the Publisher reserves the right to place the word “advertisement” with any copy that, in the Publisher’s sole opinion, resembles or simulates editorial content.
7. Terms and conditions are subject to change by Publisher without notice.
8. Positioning of advertisements is at the discretion of the Publisher except where specific positions are contracted for or agreed to, in writing, between Publisher and Advertiser.
9. Publisher shall not be liable for any costs or damages if for any reason it fails to publish an advertisement or if the advertisement is misplaced or mispositioned.
10. Publisher shall have no liability for error in the Advertiser Index.
11. Advertisements not received by the Publisher by ad close date will not be entitled to revisions or approval by Advertiser.
12. Advertiser may not make changes in orders after the ad close date.
13. Cancellations must be in writing and will not be accepted after the ad close date.
14. Advertiser will be charged for any artwork, separations, halftone, shipping, or typography provided by the Publisher.
15. Under no circumstances shall Publisher be liable to Advertiser for any indirect, special, or consequential damages (including, without limitation, loss of profit or impairment of goodwill). Under no circumstances shall the Publisher’s total liability to any Advertiser exceed the invoiced cost of the advertisement.
16. Publisher will hold Advertiser’s materials for a maximum of one year from last issue date. Advertiser must arrange for the disposition of artwork, proofs, or digital materials prior to that time; otherwise, materials will be destroyed. All requests regarding disposition of Advertiser’s materials shall be in writing.
17. No conditions other than those set forth in this Media Kit shall be binding on the Publisher unless specifically agreed to, in writing, between Publisher and Advertiser. Publisher will not be bound by conditions printed or appearing on order blanks or copy instructions that conflict with provisions of this Media Kit.