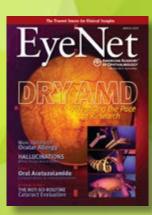
Eyellet MAGAZINE

2016 MEDIA KIT







American Academy of Ophthalmology The Eye M.D. Association

THE TRUSTED SOURCE FOR CLINICAL INSIGHTS

et AMERICAN ACADEMY **OF OPHTHALMOLOGY** The Eye M.D. Association

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

EveNet 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.

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

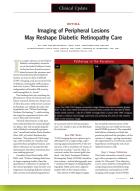
uance	FREQUENCY: 12 times a year
	ISSUE DATE: First of the month
	MAILING DATE & CLASS: 25th of the preceding month, second class
	AVERAGE CIRCULATION: 22,000 (see page 10 for details)

Advertising

ISS

ACCEPTANCE AND COPY RESTRICTIONS: Subject to approval by the Academy

PLACEMENT POLICY: Interspersed



SAVVY CODER

Making an ICD-10 Superbill—a Practice Converts Its 20 Most-Used ICD-9 Codes





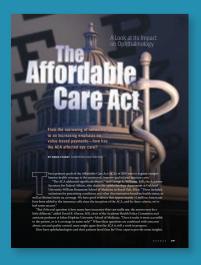


Destination AAO 2015









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CATARACT

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NEURO-OPHTHALMOLOGY M. Tariq Bhatti, MD

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OPHTHALMIC PATHOLOGY

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SECTION EDITOR

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UVEITIS

Gary N. Holland, MD SECTION EDITOR

H. Nida Sen, MD Steven Yeh, MD



2016 Editorial Calendar

January

Cardiovascular and Eye Diseases

Some cardiovascular and eye diseases share underlying risk factors and mechanisms. Recognizing and responding to these associations may have far-reaching implications for your patients. CLINICAL UPDATES

Cataract • Glaucoma • Refractive DISTRIBUTED AT WOC

Mav Macular Edema: Steroids vs. Anti-VEGF Agents

New research has come to light about when to treat macular edema with steroids-instead of, or in addition to-anti-VEGF drugs. Experts discuss their experiences with the effectiveness and trade-offs of each approach.

CLINICAL UPDATES

Glaucoma • Pediatrics • Refractive DESTINATION AAO 2016, PART 1

September Glaucoma in Children

A practical overview of pediatric glaucoma-from etiology and risk factors to examination techniques and beyond, including medical and surgical management. Experts discuss current best practices. Plus news on genetic testing and counseling. CLINICAL UPDATES Comprehensive • Cornea • Oncology DESTINATION AAO 2016, PART 5

February

Glaucoma Faces Pressure

Although high intraocular pressure is a common culprit in primary open-angle glaucoma, several other mechanisms are being explored. An in-depth look at the dynamics that may be at work in your glaucoma suspect and glaucoma patients. CLINICAL UPDATES Cornea • Neuro • Retina

June Tele-ophthalmology

Telemedicine is a growing trend, with public and private insurance coverage now available in most states. Given the expansion of smartphone apps for ocular imaging-and the shortage of specialists in some areas -how will remote diagnosis and management affect ophthalmology? CLINICAL UPDATES Comprehensive • Oculoplastics • Retina

DESTINATION AAO 2016, PART 2

October: AAO 2016 issue **Caring for the Elderly Patient**

Aging patients often have complex comorbidities that affect ophthalmic care and adherence to treatment. And with people living longer than ever, ophthalmologists need to ensure their therapies can last a lifetime.

CLINICAL UPDATES Cataract • Refractive • Retina DESTINATION AAO 2016, PART 6 DISTRIBUTED AT AAO 2016

The Best in Clinical Insights, 12 Times a Year

March

Spotlight on Cataract Revisiting the excitement from the Spotlight on Cataract session during AAO 2015, EyeNet presents a variety of surgical cases, along with audience poll questions and answers, and expert commentary. CLINICAL UPDATES Cornea • Oncology • Pediatrics DISTRIBUTED AT APAO

July **Good Enough?**

Are you practicing substandard medicine if you don't offer your patients the latest technology and procedures? A look at your responsibility to patients from both ethical and practical standpoints, with discussion of femto-cataract surgery, multifocal lenses, and more. CLINICAL UPDATES

Cornea • Glaucoma • Oncology DESTINATION AAO 2016, PART 3

November Neuroimaging 101 for **Ophthalmologists**

From MRI and MRA to CT and PET, you are familiar with the acronyms, but do you know which scan to order when, and how to interpret the results? A review of the basics for the comprehensive ophthalmologist. CLINICAL UPDATES

Glaucoma • Oculoplastics • Retina

April

A Report on Interoperability An ophthalmic office's diagnostic devices, image management software, and medical records are supposed to integrate seamlessly to improve efficiency-yet some doctors tell a different story. CLINICAL UPDATES Neuro • Trauma • Uveitis DISTRIBUTED AT ASCRS AND MEACO

August **Bionic Eye**

Several recent studies are bringing into focus the picture of where we are with retinal implants and how they are changing patients' lives. An overview of the current status and future prospects for this technology. CLINICAL UPDATES

Cataract • Comprehensive • Neuro DESTINATION AAO 2016, PART 4 DISTRIBUTED AT ASRS AND ESCRS

December No Evidence

A number of common clinical practices lack a strong evidence baseis it time to reexamine their role? Experts discuss how to assess the usefulness of some of these practices if clinical trial data are absent or conflicting.

CLINICAL UPDATES Comprehensive • International • Uveitis

2016 CALENDAR FOR AD AND MATERIALS CLOSE

JANUARY

Ad Close: November 30 Materials Close: **December 4**

FEBRUARY

Ad Close: January 4 Materials Close: January 8

MARCH

Ad Close: February 1 Materials Close: February 5

Ad Close: February 29 Materials Close: March 4

MAY Ad Close: March 28

Materials Close: April 1

Ad Close: May 2 Materials Close: May 6 JULY Ad Close: May 31 Materials Close: June 3

AUGUST Ad Close: July 1 Materials Close: July 8

Ad Close: August 1 Materials Close: August 5

Ad Close: September 2 Materials Close: September 9

Ad Close: September 26 Materials Close: September 30

Ad Close: October 31 Materials Close: November 4



YOUR 2016 MARKETING PLAN

Engaged Ophthalmologists on Every Continent

Doctors all over the world value *EyeNet*'s balanced approach and subsequent status as the premier newsmagazine for ophthalmologists. Ensure that your brand profits by partnering with *EyeNet*, a publication of the American Academy of Ophthalmology. Run an advertisement each month to make a powerful impression on *EyeNet*'s loyal readers. In addition, take advantage of multiple channels to reinforce your brand, including video, cover tips, email blasts, website banner advertising, and more. *EyeNet* can also create a customized, all-encompassing solution to suit your marketing objectives.

So much of the reading

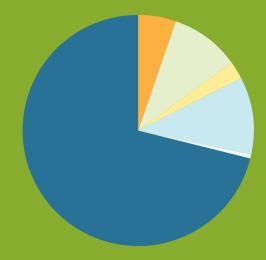
materials I receive are of little value. I typically thumb through them, looking for clinically usefu, information that might help my patient care, but rarely find much. However, every month in EyeNet I find relevant information to either stimulate my interest for additional study or directly impact my patient care. I appreciate the effort and time it takes to do this on a regular basis. Please keep up the excellent work.

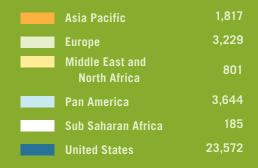
> David E. Cink, MD Crescent City, Calif.

As an international member of the Academy, I would like to thank the EyeNet staff for their effort and work dedicated to the EyeNet Magazine. This interesting magazine has become a very important tool for us because it facilitates our constant updating in all fields of ophthalmology with a wide variety of clinical cases, scientific papers, and news, allowing us to be better prepared to meet the needs of our patients.

Andres F. Lasave, MD Mar del Plata, Argentina There are so many new developments in our field, and it is not easy to decide what to follow. EyeNet helps in orienting ophthalmologists by focusing on the most important achievements in ophthalmology and highlighting the practically relevant developments that ophthalmologists may use immediately in their practice. I greatly appreciate this effort and plan to continue reading EyeNet for a long time on a regular basis

> Zoltan Z. Nagy, MD Budapest, Hungary





LET US CREATE YOUR CAMPAIGN **NOW**.

Contact M.J. Mrvica Associates at 856-768-9360 or mjmrvica@mrvica.com.



YOUR 2016 MARKETING PLAN





LUNCH SYMPOSIUM



ACADEMY LIVE



GUIDE TO ACADEMY EXHIBITORS



EHR SUPPLEMENT

AAO 2016 Opportunities

NEW! EYENET CORPORATE LUNCHES. *EyeNet* now offers educational program corporate lunches. An *EyeNet* Lunch Symposium is your ticket to providing programming of current interest to your desired audience. Take advantage of this highly coveted lunch time-slot and convenient location onsite at AAO 2016 to attract the ophthalmologists you want to target. *EyeNet* will handle the logistics, including marketing, audience recruitment and registration, food and beverage, and coordinating with the convention center and other vendors.

Your role: Develop the program—from selection of topic and faculty to setting the agenda and producing program materials (subject to review and approval by the Academy).

ACADEMY LIVE. Capture the attention of ophthalmologists worldwide with *Academy Live*, EyeNet's clinical e-newsletter reported over four days in Chicago. *Academy Live* keeps ophthalmologists on top of news from Subspecialty Day and AAO 2016 and is emailed to more than 80,000 recipients—it is also posted to <u>www.eyenet.org</u> for double exposure.

DESTINATION SERIES. AAO 2016 attendees turn to this six-part series in *EyeNet* for deadlines, event previews, interviews, sneak peeks, and more (May to October).

ACADEMY NEWS. The Academy's convention tabloid provides extensive meeting news and information. There are two editions—one 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.

GUIDE TO ACADEMY EXHIBITORS. The ONLY printed exhibitor list for AAO 2016! Showcase your product with an expanded listing. Delivered straight to attendees in their reg bags!

EYENET "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.

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 INDUSTRY-SPONSORED SUPPLEMENTS CUSTOMIZED AD PACKAGES

EHR SUPPLEMENT YO SUPPLEMENT REPRINTS



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 2016 print and electronic publications, custom supplements offered throughout the year, and digital opportunities to engage your audience when and how they choose to read the magazine.

Spotlight on Digital



<u>NEW!</u> VIDEO. *EyeNet* offers two options for video advertising on <u>www.eyenet.org</u>.

• 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 for placement on <u>www.eyenet.org</u>. We will drive traffic to the video by mentioning it in a native ad in the e-TOC.

e-TOC. This monthly e-newsletter provides all members with on-the-go highlights of each issue. The blast features two prominent ad positions that stand out in both horizontal and vertical preview panes.

Metrics: More than 25,000 recipients, 31 percent open rate, and 6 percent click-through rate.

e-TOC ADD-ON. Add a text-only native ad to the e-TOC to complement your print ad.

DIGITAL EDITION. This version of the magazine combines the content of the print publication with multimedia and other extras. Amplify your campaign with digitally enhanced advertising, ranging from toolbar branding and skyscrapers to premium-placement, digital stand-alone ads, video, and more.

Metrics: Averages 786 unique visitors, 977 visits, and 16,101 page views per month.

www.eyenet.org. Multiple advertising opportunities are available: leaderboards (run-of-site ads), skyscrapers, buttons, and banner spaces. *Metrics:* 224,000 page views and 164,000 unique visitors per month.





DIGITAL EDITION



www.eyenet.org

MECHANICAL REQUIREMENTS

Page Unit Spread (two facing pages)	Non-Bleed 15" x 10"	Bleed 16 ¹ /2" x 11 ¹ /8"
Full page	7" x 10"	8¾" x 11¼"
¹ / ₂ page (horizontal)	7" x 4 ³ /4"	83/8" x 51/2"
¹ / ₂ page (vertical)	3 ¹ /4" x 10"	4 ¹ /4" x 11 ¹ /8"
² / ₃ page (vertical)	4 ¹ / ₂ " x 10"	5¾" x 11¼"
¹ / ₄ page	3 ¹ /4" x 4 ³ /4"	N/A

Trim

11100	
EyeNet Trim Size (Page):	8 ¹ / ₈ " x 10 ⁷ / ₈ "
EyeNet Trim Size (Spread):	16 ¹ /4" x 10 ⁷ /8"
Live Matter:	Bleed sizes include $\frac{1}{8}$ " trim from outside, bottom, top, and gutter. Keep live matter $\frac{1}{2}$ " from trim size of page.



EYENET ADVERTISING MATERIALS

Catherine Morris EyeNet Magazine 655 Beach Street San Francisco, CA 94109 Tel. 415.447.0325 cmorris@aao.org

PRODUCTION SPECIFICATIONS

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

DIGITAL AD REQUIREMENTS

High-resolution PDF is the preferred file format. These 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 and RGB color 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.

TIFF and EPS files created with Illustrator or Photoshop are also acceptable. Supply both printer and screen fonts, including fonts embedded in art files. If submitting an InDesign document (CS4 or greater), you must supply all fonts and art files. Line art should be scanned at 600 dpi. Images (TIFF or EPS) should be at least 266 dpi and saved in CMYK mode.

Send the following:

- Ad file (high-resolution PDF or native files).
- Any supporting graphics that are incorporated in the ad (e.g., logo file, images).
- Screen and printer fonts. Fonts must still be included even if the ad is saved as an EPS file.

BINDING

Perfect Bound

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.

2016
EYENET
ADVERTISI
NG RATES

Black-and-White Rates

Diack-and-Winte	, natus				
Frequency	Full Page	2/3 Page	1/2 Page	1/4 Page	
1x	\$3,038	\$2,521	\$1,974	\$1,215	
Зx	\$2,977	\$2,471	\$1,935	\$1,191	
6x	\$2,885	\$2,395	\$1,876	\$1,154	
12x	\$2,825	\$2,345	\$1,836	\$1,130	
18x	\$2,734	\$2,269	\$1,777	\$1,093	
24x	\$2,703	\$2,244	\$1,757	\$1,082	
36x	\$2,643	\$2,193	\$1,718	\$1,057	
Color Rates					
Frequency	Full Page	2/3 Page	1/2 Page	1/4 Page	
1x	\$5,313	\$4,782	\$4,251	\$3,454	
Зx	\$5,207	\$4,687	\$4,166	\$3,385	
6x	\$5,048	\$4,543	\$4,038	\$3,281	
12x	\$4,942	\$4,448	\$3,953	\$3,212	
18x	\$4,782	\$4,304	\$3,826	\$3,108	
24x	\$4,729	\$4,256	\$3,783	\$3,074	
36x	\$4,623	\$4,160	\$3,698	\$3,005	

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.

 $\ensuremath{\text{OPPOSITE EDITORIAL BOARD:}\ 10\%$ over earned black-and-white rate.

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.



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.



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 WEBSITE ADVERTISING

The home page provides high visibility for your advertising message and links potential customers to your website.

- **RATES (A)** Leaderboard: \$3,500 net
 - B Skyscraper: \$3,000 net
 - **Button:** \$800 net
 - **Banner:** \$2,860 net

EYENET'S ADVERTISING SALES FIRM

M.J. Mrvica Associates, Inc. 2 West Taunton Avenue Berlin, NJ 08009 Tel. 856.768.9360 Fax. 856.753.0064

MARK MRVICA, KELLY MILLER mjmrvica@mrvica.com

EYENET e-TOC

EyeNet's monthly email blast provides all members with on-the-go highlights of *EyeNet* content.

Wide skyscraper plus

- **bottom banner:**
 - \$3,025 per issue

Journal Highlights

Ophthalmology	opacity at the time of lensectomy, and lens clarity at last follow-up.	evenly into three groups: 0.5 percent buplyacaine, 0.2 percent lidocaine, o
Lens-Sparing Vitrectomy for ROP	The rate of	a combination of the two. Main out-
April Ophthalmology	wattachment after a sizele	come measures included time of ons of analoesia, akinesia, and intraovers
udelman et al. evaluated long-	LSV surgery	tive pain. The efficacy of the block w
term lens clarity after lens-spar-	was \$2.1 per-	graded from 0 to 5 depending on the
ing vitrectomy (LSV) surgery was	cent for stage	adequacy of anothosia and akinesia
performed in patients with advanced	4A, 69.5 per-	and the need for anesthetic supple-
retinopathy of prematurity (ROP).	cent for stage	mentation.
The researchers confirmed previous	45, and 42.6	No significant difference was not
findings that LSV for ROP has a high	percent for	in the time of onset for either analge
success rate, particularly when inter-	stage 5. A total	or akinesia among the three treatme
vention takes place at the earliest stage.	of 19.8 percent	groups. However, during eargery, 10
They also found that cataract forma- tion is a rare complication in the first	of eyes required a subsequent retinal surgery; of these, 88,7 percent included	patients (33.3 percent) in the bapi- vacaine erosp and 19 patients (63.3
decade of a child's life—and, if pres-	almaectomy. The majority-75 per-	vacane group and rypanetts (65.5 percent) each in the lidocaine and
encade of a criad s inte-and, it pres- ent, most often occurs within one year	a tensectomy. The majority/5 per- centof lensectomies occurred within	combination groups required peribu-
wher I SV	the first year after LSV surgery.	bar surplementation because of pair
This study was a retrospective chart	the rate year area and any sargery.	In the postoperative period, seven po
review of ROP patients who underwant	Choice of Local Assesthetic for	tients (23.3 percent) in the bupivacai
LSV between 1992 and 2013 at a single	Vitrearctinal Surgery	group, 19 (63.3 percent) in the lido-
tertiary referral pediatric vitreeretinal	May Ophthalmology	caine group, and 15 (50 percent) in t
practice. Patients were excluded if any		combination group needed intrama
surgery had been performed elsewhere	idecaine and bupivacaine may	cular keterolac for pain relief. In ad-
before referral or if a scleral buckle had	be used separately or in combi-	dition, 17 patients in the bupivacain
been placed. In addition, eyes were	Lenation for peribulbar anothesia	group (56.7 percent) attained grade
excluded if they had a concurrent ana-	in patients undergoing vitreoretinal	5 block, versus seven (23.3 percent) i
tomic abnormality, such as coloboma,	surgery. Jakhandran et al. investigated	the lidocaine group and nine (30 per
or a known history of familial exuda- tive vitreoretinonathy.	whether there are clinical advantages in terms of erset of effect or deration	cent) in the combination group.
A total of 496 eves (35) patients)	in terms or enset of effect or duration of action associated with these differ-	NV Reproveling Disorder in 4005
net inclusion criteria. Of these, 280	or action associated with these direc- ent anosthetic choices. In this study,	Patients
eves had state 4A detachments, 177	burivacaine appeared to be the best	April Ophthalmolary
had state 48 detachments, and 39 had	choice, and mixing the drugs did not	And Changer
stage 5 detachments, Main entcome	provide any advantages.	I abs et al. set out to determine the
measures were retinal reattachment	For this cross-sectional study, the	prevalence, incidence, risk factory
after LSV, lensectorny after LSV, lens	researchers randomized 90 patients	and outcomes of HEV neuroretin

News in Review

New Views With OCT A	01 110 1110		
(FD-OCT), the tech	cal coherence temography mology that already pro- d views of the eye's inner wowing ophthalmic	DIST.	
researchere again—this time as a fait, nonitoreador, 3-20 alternative to Raosencein angiography (FA). Thanks to a special posecosing algorithm developed for existing high-poed OCT devices, OCT angiography can produce images of cap- illary-level blood filos in the retina and chood in a for- seconde, a twarm of Orogon researchers reported this	at the Casey Eye Institute of Orogon Holdb & Science University, in PortInd. "Unlike flaterescein angi- ography, OCT angiography uses the motion of blood cells as contrast. So there is no dye injectice, and yeu don't have to take images at precise seconds ever 10 min- ms. There is no dye lakage and emining to obscure the boundary of purbloopies.	PATERY WITH ABO. (1) Block anglogramme. 201 Late-stage fil ing an occult CNV: and Compe anglogram with CNV flow high anglogram with CNV flow high anglogram with CNV flow high anglogram sectors. 440 plogram, CNV is predominant people and the Time J and 4	acreacein anglography show- nite en face color-coded OCT lighted is yellow. The CNV ine indicates the position of one-sectional color OCT an- y under the RSYC. (Color key
spring, No dye required. "It's a lot faster and more user- friendly than flucescela angiography," and Dusid Huang, ME, PhD, endy investigator and Peterson Professor of Ophthalmology	And, whereas with flaces- cels you can only capture early transit in one eye, with OCT you can take your time and scan the other eye, too," he said. New algorithm over- comes publicms. The use of	OCT for anglography has been studied since 2006, but early techniques required many repeat scans at the sume location, a process too dow to be clinically practi- cal, Dr. Huang said. "Also,	people were not separating circulations in different la ers, so a pathology like ch roidal neovaccularization could be obscured by retir and choosidal vascular ne works," he said.

PRACTICE PERFECT

Perform a Security Risk Analysis: Top FAQs and Tips for Success

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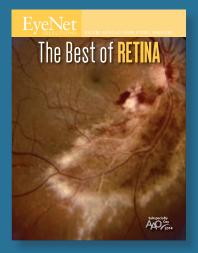


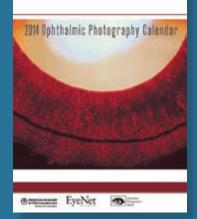


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