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.
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
Cataract
Kevin M. Miller, MD
Section Editor
William R. Barlow, MD
Kenneth L. Cohen, MD
Kendall E. Donaldson, MD
Warren E. Hill, MD
Jason J. Jones, MD
Boris Malyugin, MD, PhD
Cathleen M. McCabe, MD
Randall J. Olson, MD
Abhay R. Vasavada, MBBS

Low Vision
Mary Lou Jackson, MD
Lylas M. Mogk, MD
John D. Shepherd, MD

Neuro-Ophthalmology
Leah Levi, MD
Section Editor
Kimberly Cockerman, MD, FACS
Helen V. Danesh-Meyer, MBCHB, MD
Eric Eggenberger, DO
Prem S. Subramanian, MD, PhD

Comprehensive Ophthalmology
Preston H. Blomquist, MD
Section Editor
Sherleen Huang Chen, MD
Robert B. Dinn, MD
Susan M. MacDonald, MD
Janet Y. Tsui, MD

Cornea and External Disease
Christopher J. Rapuano, MD
Section Editor
Kathryn A. Colby, MD, PhD
Helena Prior Filipe, MD
Bennie H. Jeng, MD
Mark J. Mannis, MD
Stephen D. McLeod, MD
Sonal S. Tuli, MD

Glaucoma
Sanjay G. Asrani, MD
Section Editor
Iqbal K. Ahmed, MD
Lama AI-Aswad, MD, MPH
Ahmad A. Aref, MD
Anne Louise Coleman, MD, PhD
Steven J. Gedde, MD
Catherine Green, MBChB
Jeffrey M. Liebmann, MD
Steven L. Mansberger, MD, MPH
Ronit Nesher, MD
Richard K. Parrish II, MD
Angelo P. Tanna, MD

Ocularplastics
Andreas K. Lauer, MD
Jeffrey L. Marx, MD
Prithvi Mruthyunjaya, MD
Kyoko Ohno-Matsui, MD
Ingrid U. Scott, MD, MPH
Gaurav K. Shah, MD
Richard F. Spaide, MD

Ophthalmic Oncology
Zélia M. Corrêa, MD, PhD
Section Editor
Dan S. Gombos, MD
Tatiana Milman, MD

Ophthalmic Pathology
Deepak Paul Edward, MD
David J. Wilson, MD

Ophthalmic Photography
Jason S. Calhoun
Michael P. Kelly, FOPS

Pediatric Ophthalmology
David A. Plager, MD
Section Editor
Michael F. Chiang, MD
Jane C. Edmond, MD
Frank Joseph Martin, MD
Federico G. Velez, MD

Refractive Surgery
George O. Waring IV, MD
Section Editor
Damien Gatinel, MD
A. John Kanellopoulos, MD
George D. Kymionis, MD, PhD
J. Bradley Randleman, MD
Karolinne M. Rocha, MD
Marconi R. Santhiago, MD
Roger Steinert, MD

Uveitis
Gary N. Holland, MD
Section Editor
H. Nida Sen, MD
Steven Yeh, MD

Caveats and challenges.
EYENET MAGAZINE
17

2017 EYENET EDITORIAL BOARD

IN A MATTER OF WEEKS, LOWER INTRACAPSULAR Cataract LENSECTOMY subjects the remaining lens epithelial cells (LEC) to insults from large incisions, he said, “the remaining LECs randomly regenerate into disorganized lens tissue.” The standard capsulorrhexis and lensectomy procedure subjects these cells, first in rabbits and macaques and then in humans. It involved creating a large capsulorrhexis and standard surgery in both eyes experienced a higher incidence of postsurgical inflammation, which requires a laser procedure to remove more than half of the soft cataractous lens. “This preserved the integrity of the lens capsule and thickness of the regenerated lens was comparable to that of a native lens.”

The patient’s native LECs were congenital cataracts were removed. Unlike other cataract procedures the bag was only partially filled and the lens appeared spindle shaped. The fundus was clearly visible on ophthalmoscopy. (Right panels) At 6 months, the capsular regrowth.

EYENET MAGAZINE
17

2017 EYENET EDITORIAL BOARD

IN A MATTER OF WEEKS, LOWER INTRACAPSULAR Cataract LENSECTOMY subjects the remaining lens epithelial cells (LEC) to insults from large incisions, he said, “the remaining LECs randomly regenerate into disorganized lens tissue.” The standard capsulorrhexis and lensectomy procedure subjects these cells, first in rabbits and macaques and then in humans. It involved creating a large capsulorrhexis and standard surgery in both eyes experienced a higher incidence of postsurgical inflammation, which requires a laser procedure to remove more than half of the soft cataractous lens. “This preserved the integrity of the lens capsule and thickness of the regenerated lens was comparable to that of a native lens.”

The patient’s native LECs were congenital cataracts were removed. Unlike other cataract procedures the bag was only partially filled and the lens appeared spindle shaped. The fundus was clearly visible on ophthalmoscopy. (Right panels) At 6 months, the capsular regrowth.

EYENET MAGAZINE
17

2017 EYENET EDITORIAL BOARD

IN A MATTER OF WEEKS, LOWER INTRACAPSULAR Cataract LENSECTOMY subjects the remaining lens epithelial cells (LEC) to insults from large incisions, he said, “the remaining LECs randomly regenerate into disorganized lens tissue.” The standard capsulorrhexis and lensectomy procedure subjects these cells, first in rabbits and macaques and then in humans. It involved creating a large capsulorrhexis and standard surgery in both eyes experienced a higher incidence of postsurgical inflammation, which requires a laser procedure to remove more than half of the soft cataractous lens. “This preserved the integrity of the lens capsule and thickness of the regenerated lens was comparable to that of a native lens.”

The patient’s native LECs were congenital cataracts were removed. Unlike other cataract procedures the bag was only partially filled and the lens appeared spindle shaped. The fundus was clearly visible on ophthalmoscopy. (Right panels) At 6 months, the capsular regrowth.

EYENET MAGAZINE
17

2017 EYENET EDITORIAL BOARD

IN A MATTER OF WEEKS, LOWER INTRACAPSULAR Cataract LENSECTOMY subjects the remaining lens epithelial cells (LEC) to insults from large incisions, he said, “the remaining LECs randomly regenerate into disorganized lens tissue.” The standard capsulorrhexis and lensectomy procedure subjects these cells, first in rabbits and macaques and then in humans. It involved creating a large capsulorrhexis and standard surgery in both eyes experienced a higher incidence of postsurgical inflammation, which requires a laser procedure to remove more than half of the soft cataractous lens. “This preserved the integrity of the lens capsule and thickness of the regenerated lens was comparable to that of a native lens.”

The patient’s native LECs were congenital cataracts were removed. Unlike other cataract procedures the bag was only partially filled and the lens appeared spindle shaped. The fundus was clearly visible on ophthalmoscopy. (Right panels) At 6 months, the capsular regrowth.
The Best in Clinical Insights, 12 Times a Year

2017 EDITORIAL CALENDAR

January
Personalized Medicine. Now that the genomics revolution is here, how is it playing out in eye care? EyeNet looks at several ophthalmic conditions ripe for precision diagnostics and therapeutics.

Clinical Updates
Comprehensive • Refractive
Distributed at APAO and Cataract Surgery: Telling It Like It Is!

February
Spotlight on Cataract. Revisiting the excitement from the Spotlight on Cataract session during AAO 2016, EyeNet presents a variety of surgical cases, along with audience poll questions and answers, and fresh expert commentary.

Clinical Updates
Cornea • Retina

March
Corneal Cross-Linking. With its approval for use in the United States, corneal cross-linking is taking its place in clinical practice. A look at questions surrounding implementation, reimbursement, and malpractice. Plus, alternative techniques and devices that are up and coming.

Clinical Updates
Glaucoma • Oncology

April
Office-Based Cataract Surgery. There have been rumblings from Washington, D.C., that Medicare may consider allowing—or requiring—cata- ract surgery to be performed in an office setting. The pros and cons of such an arrangement.

Clinical Updates
Cataract • Pediatrics
Distributed at ASCRS

May
Tropical Diseases. Between the high-profile spread of Zika and the presence of chikungunya and vectors for dengue in the United States, tropical diseases are moving into previously unaffected areas. What to watch for.

Clinical Updates
Cornea • Neuro
Distributed at SOE

June
Expensive Drugs. When some anti-VEGF drugs cost nearly $2,000 per injection, practices must carefully manage costs. Experts discuss the practical and ethical issues of balancing financial concerns with optimal patient care.

Clinical Updates
Trauma • Uveitis

July
Biologics in Ophthalmology. Long a mainstay of therapy for systemic autoimmune conditions, biologic agents are finding new applications in diseases such as uveitis. A look at how they work, how to use them, and what to expect in terms of outcomes.

Clinical Updates
Glaucoma • Retina
Distributed at PAAO and ASRS

October
IOLs Around the World. While the long-awaited Symfony lens received FDA approval last summer, other lenses that are being used abroad are still out of reach for U.S. ophthalmologists. Which of these will be game-changers?

Clinical Updates
Cornea • Oncology

November
Artificial Intelligence. “Deep learning,” in which a neural network “learns” to perform a task through repetition is being used in ophthalmology—to detect diabetic retinopathy in fundus photos to watching for glaucoma progression. A look at this transformative technology.

Clinical Updates
Glaucoma • Neuro • Retina
Distributed at AAO 2017

December
A Look Back at the Year. Experts discuss news and trends within their subspecialties from 2017, examining these events for their likelihood to affect the profession of ophthalmology into the coming years.

Clinical Updates
Comprehensive • International

2017 Ad and Materials Deadlines

January
Ad close: December 5
Materials close: December 9

February
Ad close: January 4
Materials close: January 6

March
Ad close: January 30
Materials close: February 3

April
Ad close: March 6
Materials close: March 10

May
Ad close: April 3
Materials close: April 7

June
Ad close: May 1
Materials close: May 5

July
Ad close: May 29
Materials close: June 2

August
Ad close: July 3
Materials close: July 7

September
Ad close: August 1
Materials close: August 4

October
Ad close: September 4
Materials close: September 8

November
Ad close: October 2
Materials close: October 6

December
Ad close: November 1
Materials close: November 3
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. 2016’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, 2016 Eyecare Readership Study, Table 801.

#1 in Ad Page Exposures. Your ad will be seen by more ophthalmologists in EyeNet than in any other ophthalmic publication for the 3rd year in a row.
SOURCE: Kantar Media, 2016 Eyecare Readership Study, Table 801.

#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, 2016 Eyecare Readership Study, Table 701.

What Subspecialty Ophthalmologists Think About EyeNet
When Kantar surveyed subspecialists, it found that EyeNet is highly ranked in many categories.

Cataract
#1 in high readers and ad page exposures
#2 in average page exposures
SOURCE: Kantar Media, 2016 Eyecare Readership Study Ophthalmology Subspecialties, Tables 1701 and 1801.

Retina
#1 in ad page exposures
#2 in most other categories (total readers, average issue readers, and average page exposures)
SOURCE: Kantar Media, 2016 Eyecare Readership Study Ophthalmology Subspecialties, Tables 1702 and 1802.

Refractive/Cornea
#1 in ad page exposures
#2 in all other categories (total readers, average issue readers, high readers, and average page exposures)
SOURCE: Kantar Media, 2016 Eyecare Readership Study Ophthalmology Subspecialties, Tables 1703 and 1803.

Glaucoma
#1 in average page exposures and ad page exposures
#2 in all other categories (total readers, average issue readers, and high readers)
SOURCE: Kantar Media, 2016 Eyecare Readership Study Ophthalmology Subspecialties, Tables 1704 and 1804.

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.
Total readers: Used to evaluate the reach of an audience, and includes anyone who reads at least 1 out of 4 issues.
Average issue readers: Takes into account how frequently an issue is read—the number of readers likely to see an average issue of a journal.
YOUR 2017 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 2017 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.

AAO 2017 Opportunities

ACADEMY LIVE. EyeNet’s clinical e-newsletter is reported over 4 days in New Orleans to keep ophthalmologists on top of news from Subspecialty Day and AAO 2017. It is emailed nightly to more than 74,000 recipients and posted to aao.org/eyenet for double exposure.

AAO 2017 NEWS formerly known as Academy 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 2017 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 2017 attendees turn to this 6-part series in EyeNet for deadlines, event previews, interviews, sneak peeks, and more (June to November).

EYENET CORPORATE LUNCHES. Attract the ophthalmologists you want to target by taking advantage of this highly coveted lunch time-slot and convenient location onsite at AAO 2017. You develop the program, EyeNet handles the marketing and logistics.

GUIDE TO ACADEMY EXHIBITORS. The ONLY printed exhibitor list for AAO 2017, 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 newly designed cover. Ship preprinted tips or send a high-resolution, press-ready PDF for EyeNet to print.

EHR SUPPLEMENT. This supplement is a collection of informative articles and resources to help you spend less time on data input and also do more with your data. It will also be available on the AAOE and EyeNet websites, and it mails with the November issue.

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.

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 on a subject that works with your messaging.

Spotlight on Digital

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.

eTOC. This monthly e-blast provides all Academy members with on-the-go highlights of EyeNet print content. With approximately 26,000 recipients, a 32% open rate, and 7% clickthrough rate, the blast features prominent ad positioning.

SPONSORED 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. Averages 153,000 visitors, 178,000 visits, and 208,000 views monthly.

EYENET RETINA. This quarterly email blast for retina specialists and comprehensive ophthalmologists (13,000 circulation) contains a feature, journal highlights, and content from around the Academy. Please inquire about blasts for other subspecialties.
**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%.

**Non-Bleed**
- 15" x 10"
- 7" x 10"
- 7" x 4 3/4"
- 3 1/4" x 10"
- 4 1/2" x 10"
- 3 1/4" x 4 3/4"

**Bleed**
- 16 1/2" x 11 1/8"
- 8 3/8" x 11 1/8"
- 8 3/8" x 5 1/2"
- 4 1/4" x 11 1/8"
- 5 38" x 11 1/8"
- N/A

**Trim**
- **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 1/8" trim from outside, bottom, top, and gutter. Keep live matter 1/2" from trim size of page.

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.

**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>$3,190</td>
<td>$2,647</td>
<td>$2,073</td>
<td>$1,276</td>
</tr>
<tr>
<td>3x</td>
<td>$3,125</td>
<td>$2,594</td>
<td>$2,031</td>
<td>$1,250</td>
</tr>
<tr>
<td>6x</td>
<td>$3,030</td>
<td>$2,515</td>
<td>$1,969</td>
<td>$1,212</td>
</tr>
<tr>
<td>12x</td>
<td>$2,966</td>
<td>$2,462</td>
<td>$1,928</td>
<td>$1,186</td>
</tr>
<tr>
<td>18x</td>
<td>$2,870</td>
<td>$2,382</td>
<td>$1,866</td>
<td>$1,148</td>
</tr>
<tr>
<td>24x</td>
<td>$2,838</td>
<td>$2,356</td>
<td>$1,845</td>
<td>$1,136</td>
</tr>
<tr>
<td>36x</td>
<td>$2,775</td>
<td>$2,303</td>
<td>$1,803</td>
<td>$1,110</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>$5,579</td>
<td>$5,021</td>
<td>$4,463</td>
<td>$3,626</td>
</tr>
<tr>
<td>3x</td>
<td>$5,468</td>
<td>$4,921</td>
<td>$4,374</td>
<td>$3,554</td>
</tr>
<tr>
<td>6x</td>
<td>$5,300</td>
<td>$4,770</td>
<td>$4,240</td>
<td>$3,445</td>
</tr>
<tr>
<td>12x</td>
<td>$5,189</td>
<td>$4,670</td>
<td>$4,151</td>
<td>$3,373</td>
</tr>
<tr>
<td>18x</td>
<td>$5,021</td>
<td>$4,519</td>
<td>$4,017</td>
<td>$3,264</td>
</tr>
<tr>
<td>24x</td>
<td>$4,965</td>
<td>$4,469</td>
<td>$3,972</td>
<td>$3,228</td>
</tr>
<tr>
<td>36x</td>
<td>$4,854</td>
<td>$4,368</td>
<td>$3,883</td>
<td>$3,155</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 .................. 17,611
U.S. Academy Members in Training .......... 2,458
U.S. AAOE Members (nonphysician) ......... 3,669

American Academy of Ophthalmology Members
Self-Reported Subspecialty Focus*
( primary and secondary)
Administration/Organization Leadership ....... 95
Cataract .......................................... 6,018
Comprehensive Ophthalmology ................. 7,422
Cornea/External Disease ....................... 1,876
Glaucoma ....................................... 2,106
International Ophthalmology .................. 36
Low Vision Rehab ................................ 29
Medical Education ................................ 31
Neuro-Ophthalmology ......................... 413
Ocular Oncology ................................ 155
Ocular Plastics/Reconstructive ................. 1,171
Ophthalmic Genetics ............................ 46
Ophthalmic Pathology ........................... 92
Other ............................................. 307
Pediatric Ophthalmology
and Strabismus ................................ 1,121
Refractive Surgery ................................ 2,049
Retina: Medical Only ......................... 643
Retina/Vitreous: Medical and Surgery ....... 2,746
Uveitis/Vitreous: Medical and Surgery ....... 387


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.