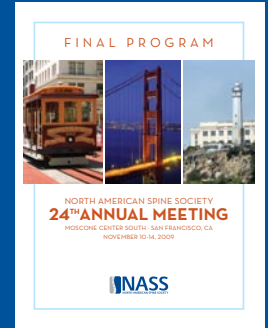


2011 ADVERTISING OPPORTUNITIES



SPINELINE

About SpineLine

SpineLine is the bimonthly clinical and news magazine of the North American Spine Society. SpineLine's readers share the common focus of spine care, but represent several medical disciplines, including orthopedic surgery, neurosurgery, anesthesiology, physical medicine and rehabilitation/physiatry, and pain management/medicine. SpineLine's circulation consists of NASS members as well as a select group of spine-related professionals. SpineLine offers:

- » A circulation of more than 5,000 spine care professionals.
- » Readership in 59 countries, with 90% of the readers residing in the U.S.
- » Quality editorial coverage on current spine care topics written by leading professionals.
- » Features and columns such as Curve/Countercurve, Coding Q&A, Regulatory Policy and Advocacy Update.
- » Distribution at more than 10 industry conferences and trade shows including the NASS Annual Meeting.

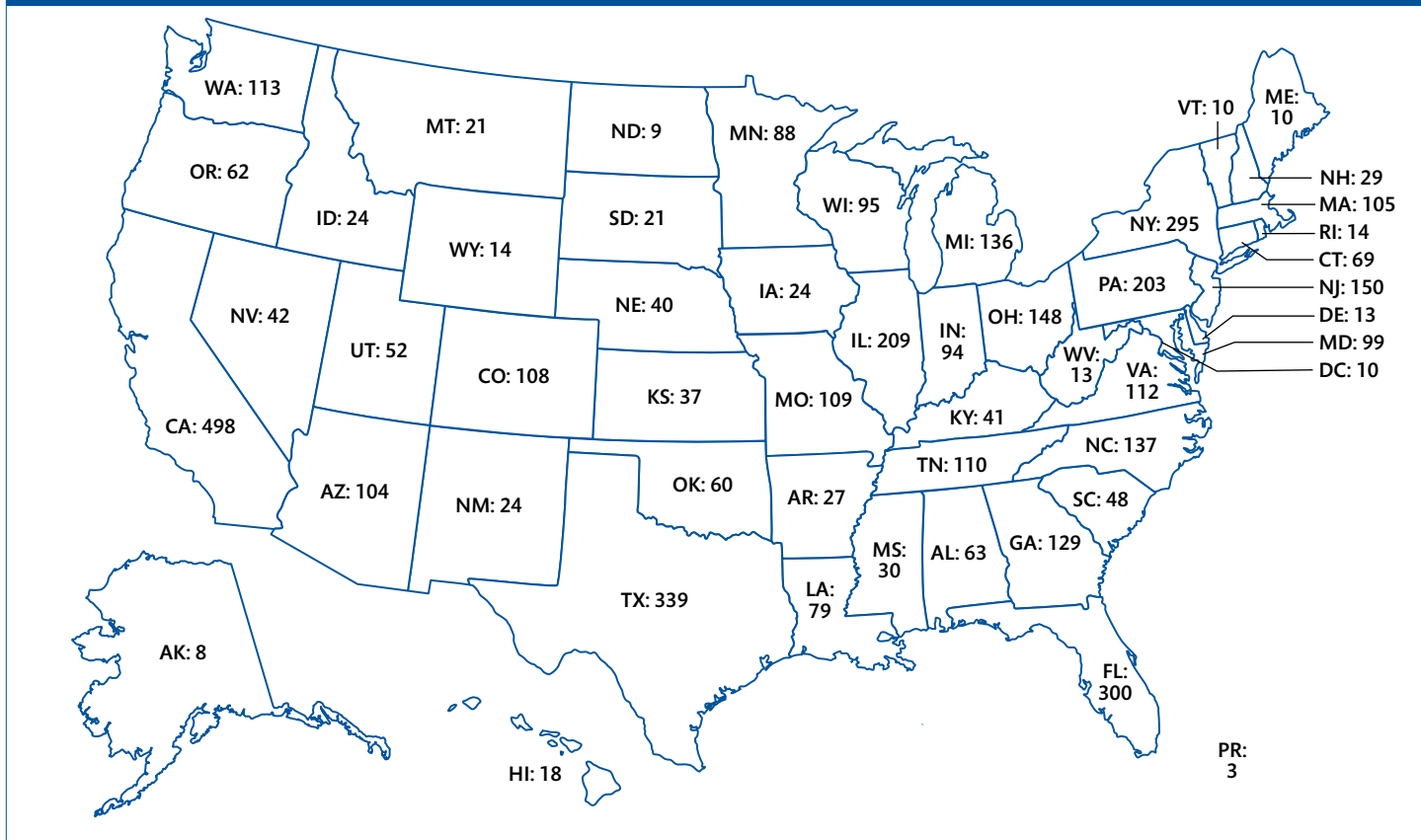


Topics for 2011

SpineLine educates and informs readers about medical, ethical and policy matters in the field of spine and health care. Following are operative and nonoperative topics planned for upcoming issues.

- » Bone morphogenetic proteins
- » Perioperative pain management
- » Stem cell therapy in spinal fusion
- » Vertebral body augmentation update
- » Sacral stress fractures
- » Back pain in golfers
- » Return-to-play guidelines update
- » Disc herniations in athletes
- » Spinal injections
- » Anterior column support for isthmic spondylolisthesis

U.S. SpineLine Subscribers by State



Subscribers by Specialty

Anesthesiology	44
Basic/Applied Research	81
Chiropractic Care	52
Clinical Pathology	1
Coding Professional	24
General/Family Practice	4
Neurology	14
Neuromusculoskeletal Medicine	2
Neuroradiology	4
Neurosurgery	1,157
Nurse	21
Nurse Practitioner	27
Occupational Medicine	2
Orthopedic Surgery	2,562
Pain Management/Medicine	223
Pediatrics	1
Physical Medicine & Rehab/Physiatry	570
Physical/Occupational Therapy	47
Physician Assistant	145
Practice Administrator/Manager	7
Psychiatry/Psychology	9
Radiology	34
Rheumatology	3
Sports Medicine	12
Surgical Technician	4
Trauma Surgery	7
Not Specified	17
Total	5,074

International Subscribers by Country

Argentina	5	India	6	Rep. of China	5
Aruba	1	Indonesia	1	Russia	2
Australia	15	Iraq	1	Scotland	3
Austria	9	Ireland	2	Serbia	1
Bahamas	1	Israel	11	Singapore	6
Bahrain	1	Italy	7	South Africa	2
Brazil	68	Jamaica	1	South Korea	58
Canada	59	Japan	42	Spain	5
Chile	6	Kuwait	2	Sri Lanka	1
Colombia	7	Macedonia	1	Sudan	1
Costa Rica	2	Malaysia	3	Sweden	2
Czech Republic	1	Mexico	21	Switzerland	2
Denmark	5	Morocco	1	Taiwan	18
Dominican Rep.	1	Netherlands	8	Thailand	5
Ecuador	1	New Zealand	3	Turkey	11
Egypt	4	Pakistan	2	United Arab Emirates	3
England	17	Panama	1	Venezuela	4
France	9	Philippines	1	West Indies	2
Germany	12	Poland	2		
Greece	6	Portugal	1		

US Subscribers 4,596
 International Subscribers 478
Total Subscribers 5,074

Data as of November 1, 2010.

SpineLine Display Advertising

Note: Premium positions are available exclusively to full schedule advertisers. Contact Calvin Trout at calvindtrout@consultant.com or (630) 654-9124 for rates.

Rates

Position/Size	Jan/Feb, Mar/Apr, May/Jun, Jul/Aug, Nov/Dec Issues	Preshow Issue with Bonus Distribution (Sept/Oct Issue)
Back Cover	\$2,125	\$3,300
Inside Covers (2 positions)	\$1,850	\$2,975
Opposite TOC (2 positions)	\$1,850	\$2,975
Full-page	\$1,475	\$2,650
Full-page B&W	\$1,200	\$1,975
Half-page	\$ 875	\$1,425
Half-page B&W	\$ 750	\$1,175
Classified ad: Quarter-page B&W	\$ 450	\$ 450

Ad rates are based on four-color process unless noted otherwise.

Closing Dates

Issue	Insertion Deadline	Materials Deadline
January/February	December 17, 2010	January 7, 2011
March/April	February 18, 2011	March 4, 2011
May/June	April 22, 2011	May 6, 2011
July/August	June 17, 2011	July 1, 2011
September/October	August 19, 2011	September 2, 2011
November/December	October 21, 2011	November 8, 2011

Print Ad Specifications

Display Advertising:

- » Full page: 8 1/2" x 11"; bleed 8 3/4" x 11 1/4"
- » Half page: 3 5/8" x 9 1/4" (vertical) or 4 5/8" x 7 1/2" (horizontal)—no bleed
- » Quarter page: 3 5/8" x 4 5/8" (vertical)—no bleed
- » Black and white ads must be provided in a high resolution PDF format with all fonts embedded and no printer marks.
- » Color ads must be four-color process (no matched colors) and provided in a high resolution PDF format with all fonts embedded and no printer marks.

Classified Advertising:

- » Quarter page (black and white only): 3 5/8" x 4 5/8" (vertical)—no bleed
- » Classified ads should be in high resolution PDF format with all fonts embedded and no printer marks.

Ad Submission

Submit ads to Kelly Dattilo via e-mail (if file size permits) at kdattilo@spine.org; or, contact Kelly for FTP information.

Position

Placement in *SpineLine* is at editor's discretion. You may request special placement, but no guarantee will be made.

Payment

Payment by check (payable to the North American Spine Society) or credit card is due within 15 days of invoice. Please do not send payment until you have been invoiced.

Cancellation

Cancellation of space reservation with no penalty will be accepted until the materials deadline date.

FDA Requirements

If a device requiring FDA approval is included in your ad, you **must** indicate the FDA status on insertion order.

Note: NASS reserves the right to refuse any advertising it does not consider appropriate to its audience, or in keeping with the editorial purpose of the magazine and the mission of NASS.

NEW for 2011: *SpineLine Online*

SpineLine added the digital edition to give readers another delivery option and to put more of a focus on advertising. Using in-ad links and video, rectangle ads and blow-in ads, advertisers can generate more visibility for their products.

Value-added Features in *SpineLine Online*

- » All *SpineLine* advertisers are included in the online issues at no additional cost.
- » URLs and e-mail addresses are automatically hot linked.
- » URL click-throughs are all trackable.
- » Links will remain for the life of the digital issue and will be searchable through the archives.

Online Advertising for Print Advertisers (See page 5 for examples)

Video in Ad (Positioned in display ad)	
Dynamic with video or interactive media	\$ 750 per issue
Rectangle Ad (Positioned below the TOC)	
Static	\$ 500 per issue
Dynamic with video or interactive media	\$1,000 per issue
Blow-in Ad (Overlay in tandem with your print ad)	
Static	\$ 350 per issue
Dynamic with video or interactive media	\$ 500 per issue

Online Ad Specifications

Video in Ad

Refer to the following link: <http://info.texterity.com/mmspec/2008tm/#pg1>

Rectangle Ad

- » **Static:** Image size, maximum width 180 pixels; image type, JPG, GIF, animated GIF; link to advertiser
- » **Dynamic:** Refer to multimedia link, <http://info.texterity.com/mmspec/2008tm/#pg1>

Blow-in Ad

- » **Static:** Image size maximum width 500 pixels and maximum height 300 pixels; image type, JPG, GIF, animated GIF—300 dpi; link to advertiser
- » **Dynamic:** Refer to multimedia link, <http://info.texterity.com/mmspec/2008tm/#pg1>

Please note: For video and interactive media, an icon is clicked to play media. Contact Kelly Dattilo at kdattilo@spine.org for the latest multimedia ad specifications.

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SOCIOECONOMICS & POLITICS

Click to subscribe

NASS News | Spine Safety Notices

Spine Safety Notices

The North American Spine Society is committed to quality patient care through promotion of patient safety and prevention of medical errors. NASS maintains a variety of government and other resources for patient safety related notices that may be useful to our members. Information from these notices is also archived on the NASS Web site at <http://www.spineonline.org/Press/SpineSafetyNotices/SpineSafetyNotices.cfm>. This information is provided as a service for information and education only.

Drug/Device/Other	EXPLANATION
Boniva (ibandronate sodium) tablets	The FDA notified health care professionals that the CONTRAINDICATIONS and WARNINGS AND PRECAUTIONS for Boniva have been updated. The following warnings have been added to the labeling: <ul style="list-style-type: none"> Abnormalities of the esophagus which delay esophageal emptying such as stricture or achalasia. CONTRAINDICATION: Upper Gastrointestinal Abnormalities Boniva, like other bisphosphonates administered orally, has a low local irritation of the upper gastrointestinal mucosa. Because of these possible irritant effects and a potential for worsening of the underlying disease, caution should be used when BONIVA is given to patients with active upper gastrointestinal problems such as known benign esophagitis, other esophageal diseases, gastric disorders or ulcers. Esophageal adverse experiences, such as esophagitis, esophageal ulcers and esophageal strictures, occasionally with bleeding and rarely followed by esophageal stricture or perforation, have been reported in patients receiving treatment with oral bisphosphonates. In some cases, these have been severe and required hospitalization. Physicians should monitor for alert to any signs or symptoms signaling a possible esophageal reaction and patients should be instructed to discontinue BONIVA and seek medical attention if they develop dysphagia, odynophagia, retrosternal pain or new or worsening heartburn. The risk of severe esophageal adverse experiences appears to be greater in patients who lie down after taking of bisphosphonates and/or who fail to swallow it with the recommended full glass of 8 oz of water and/or who continue to take oral bisphosphonates after developing symptoms suggestive of esophageal irritation. Therefore, it is very important that the full dosing instructions are provided to and understood by the patient. In patients who cannot comply with dosing instructions due to manual dexterity, therapy with BONIVA should be used under appropriate supervision. There have been post marketing reports of gastric and duodenal ulcers with oral bisphosphonates use, some severe and with complications, although no increased risk was observed in controlled clinical trials.
Cosmeson (separan sodium) tablets and injection	The FDA notified health care professionals that the DOSAGE AND ADMINISTRATION for Cosmeson has been updated. The following warnings have been added to the labeling: <ul style="list-style-type: none"> CONTRAINDICATIONS AND WARNINGS (General) The dose of Cosmeson must be individualized by monitoring the PT/INR. Not of factor causing warfarin dose variability are known. The maintenance dose needed to achieve a target PT/INR is influenced by: <ul style="list-style-type: none"> Genetic factors (CYP2C9 and VKORC1 genotypes) Clinical factors including age, race, body weight, sex, concomitant medications, and comorbidities Timing of the starting dose based on the targeted maintenance dose taking into account the above factors. Starting dose of loading doses is not recommended as this may increase hemorrhage and other complications and does not offer rapid protection against drug formation. The patient's CYP2C9 and VKORC1 genotype information, when available, can assist in selection of the starting dose. Table 1: Range of Expected Therapeutic Warfarin Doses based on CYP2C9 and VKORC1 Genotype (see table) Table 1: Range of Expected Therapeutic Warfarin Doses based on CYP2C9 and VKORC1 Genotype (see table)
Kanvok (tramadolone acetamide) immediate release suspension	The FDA notified health care professionals that the WARNINGS (General) for Kanvok has been updated. The following warnings have been added to the labeling: <ul style="list-style-type: none"> WARNINGS (General) Because of the sedative, euphoriant, and analgesic effects of tramadolone acetamide in combination with oral or IV tramadolone, there is an increased risk of respiratory depression, hypoxia, and death. The use of Kanvok should be limited to the treatment of moderate to severe pain.
Trypsinogen Stimulating Agent (TSA) (Pancin, Epanase and Anapase)	The FDA and Angen notified health care professionals and patients that all TSAs must be used under a risk evaluation and mitigation strategy (REMS) risk management program. As part of the program, a Medication Guide explaining the risks and benefits of TSAs must be provided to all patients receiving an TSA. Under the TSA APPROX (Outreach) program, Angen will ensure that only those hospitals and health care professionals who have completed the program will provide the oral-disperse TSAs to patients with cancer. Angen is required to monitor and maintain the program to ensure that hospitals and health care professionals who fully comply with all aspects of the program. TSA is required to REMS because studies show that TSAs can increase the risk of tumor growth and tumor survival in patients with cancer who use their products. Additionally, studies show that TSAs can increase the risk of heart attack, heart failure stroke or blood clots in patients who use their drug for other conditions.

Video in Ad

YOUR RECOMMENDATION TO A COLLEAGUE

is the most powerful and effective recruitment method.



MEMBER-GET-A-MEMBER CAMPAIGN

HELP NASS ACHIEVE THE 2010 MEMBER-GET-A-MEMBER CAMPAIGN GOAL OF ATTRACTING 100 NEW MEMBERS!

NASS membership is open to all spine care physicians and health care professionals with an active interest in spine care and offers a variety of benefits for everyone in your office!

Who is eligible for NASS membership?

- Operative and Nonoperative Physicians
- Allied Healthcare Professionals including Physician Assistants and Nurse Practitioners
- Residents/Fellows
- Coding Professionals
- Individuals involved in spine research/development

As an added incentive, for each member you refer who completes the application process, you will receive a \$50 Visa Gift Card.

For more information on the NASS Member-Get-A-Member campaign, call Susan Balluff at (630) 230-3652 or send an e-mail to sballuff@spine.org

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SOCIOECONOMICS & POLITICS



NASS Evidence-Based Clinical Guidelines

Diagnosis and Treatment of Cervical Radiculopathy from Degenerative Disorders

Diagnosis and Treatment of Degenerative Lumbar Spinal Stenosis

Diagnosis and Treatment of Degenerative Lumbar Spinal Stenosis

Antibiotic Prophylaxis in Spine Surgery

Antibiotic Prophylaxis in Spine Surgery

Antibiotic Prophylaxis in Spine Surgery

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SOCIOECONOMICS & POLITICS

Members: Book Now for NASS' 25th Annual Meeting

Click here to view

EXPERIENCE NASS' SPINE EDUCATION & RESEARCH CENTER

INASS

Blow-in Ad

October 5-9, 2010 ORLANDO, FL

1985 25 YEARS 2010

NASS ANNUAL MEETING

CLICK FOR DETAILS

Rectangle Ad

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SOCIOECONOMICS & POLITICS

NASS Appears in Newswatch

LUMBAR SPINA

COURSES FROM THE NORTH AMERICAN SPINE SOCIETY

Participate in intensive didactic and hands on training at the North American Spine Society's NASS Education & Research Center to gain skills in the latest spine surgical techniques. NASS 2010 education lecture and central spine courses include: engage in critical skills, explore spine techniques, understand spine and orthopedics for each procedure, patient selection and evaluation, and understand the importance of patient safety.

Advanced Course Special Topics: June 4-8

Central Spine Institute: August 19-24

Click to subscribe to this magazine

Video Blow-in Ad

26TH ANNUAL MEETING FINAL PROGRAM

Distributed onsite, the Annual Meeting Final Program is the exclusive publication that includes the complete scientific program for the meeting. It also includes information about the electronic posters, author index, guest speakers, event highlights, floor plans, shuttle service and NASS resource center.

Rates

Position/Size	Price
Back Cover	\$4,625
Inside Covers (ICs)	\$4,150
Opposite ICs	\$4,150
Opposite TOC	\$4,150
Full-page	\$3,575
Full-page B&W	\$2,850
Half-page	\$1,900

Ad rates are based on four-color process unless noted otherwise.

Ad Specifications

Display Advertising

- » Full page trim size 8 ½" x 11"
- » Full page with bleeds 8 ¾" x 11 ¼"
- » Color ads must be four-color process (no matched colors) and provided in a high resolution PDF format with all fonts embedded and no printer marks.

Ad Submission

Submit ads to Jessica Vander Naald via e-mail (if file size permits) at jvandernaald@spine.org; or, contact Jessica for FTP site information.

Closing Dates

Insertion Deadline: August 19, 2011

Materials Deadline: September 2, 2011

Position

Placement is at editor's discretion. You may request special placement, but no guarantee will be made.

Payment

Payment by check (payable to the North American Spine Society) or credit card is due within 15 days of invoice. Please do not send payment until you have been invoiced.

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FDA Requirements

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