MEDIA KIT

VERSION 1.0 2026

MEDICAL FORUM

Medical Forum is a trusted, independent voice for GPs, specialists and other medical professionals. We deliver clinical and professional updates, health news, peer discussions and CPD content through our digital channels, podcasts and monthly magazine.

Website

- Daily news publication
- Gated Ahpra - verified advertising options

	May 2025	May 2026	
total views	21,000	35,000	+66%
active users	14,000	30,000	+114%

Overall:

	Jan-June 2025	Jan-June 2026	
total views	99,000	170,000	+71%
active users	59,000	131,000	+122%

Magazine

- Published monthly
- Ahpra - verified subscribers

4000+
Print Subscribers

2000+
Digital send Subscribers

Socials

1750
followers

70,000+
annual impressions

*LinkedIn

Newsletters

4 Newsletter opportunities each week with distinct content

4500+
Subscribers

6000+
impressions per monthly campaign

34%
av Open Rate

Podcast

Gated access for HCPs

RACGP
accredited education

We connect your brand with GPs, specialists and other medical professionals through our daily news website, weekly newsletters, podcasts and magazine.

95%
use MF to keep abreast of medical news*

84%
read MF to keep up to date with changes to clinical practice*

70%
refer or prescribe based on what they see in MF*

Our readers linger

On average print readers who complete CPD submissions complete **2.6** articles each edition.

* Results of the 2025 Readership survey

Audience Demographics

We reach a broad audience of healthcare professionals from across a broad range of disciplines.

Specialist	46.7%
GP	43.7%
Practice Manager	4.0%
Allied Health	1.7%
Health Industry Professional	1.6%
Doctor in Training	1.2%
Advertiser	0.8%
Medical Student	0.3%

Website

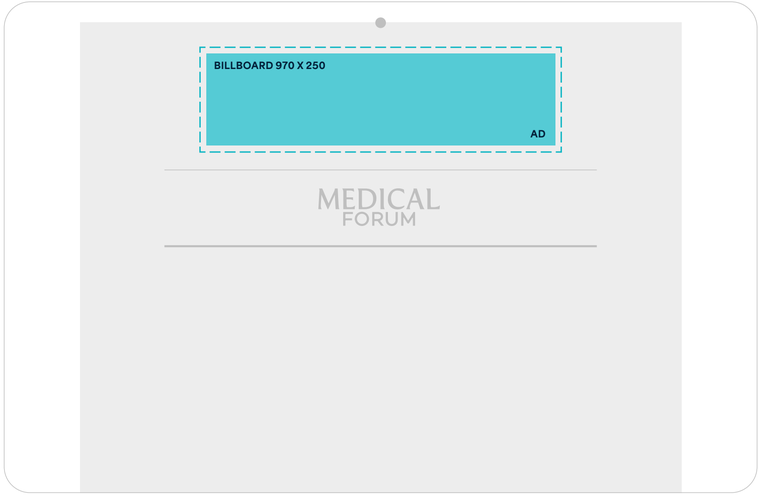
Keep your brand at the centre of our reader's mind. Option for open and gated Ahpra - verified campaigns.

We offer several solutions to engage with visitors:

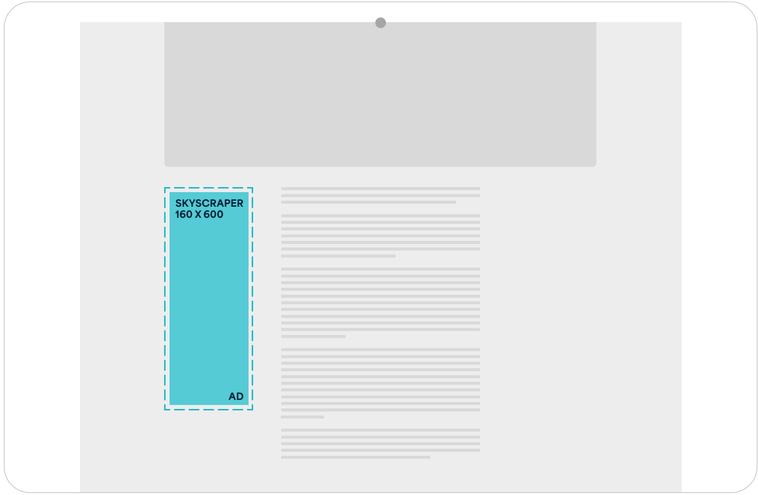
Billboard 970 X 250	Header Footer In article Content separator	**$1,100**
Billboard 970 X 250	Footer In article Content separator	**$600**
Skyscraper 160 X 600	Article archive sidebar Single article sidebar Job sidebar Search sidebar	**$995**

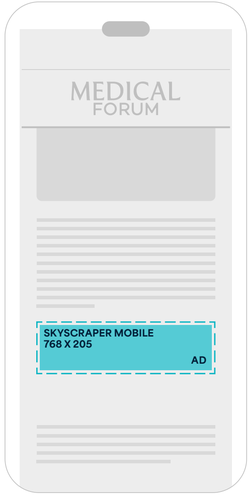
*All Skyscraper ads require an additional horizontal option (768x205)
1 month minimum booking
Monthly availability
Billboard with header & skyscraper - 2 per month
Billboard without header - 4 per month

- All rates exclude GST, 10% charged on invoice.
- 10% agency commission applies, 10% discount for more than three bookings.



*Sizes are not exact. Not all examples shown.





E-newsletters

Increase your brand's visibility with 6000+ impressions per monthly booking.

Keep your audience informed and engaged by implementing ads on our four newsletters that feature the latest clinical updates, insightful articles, industry news, and targeted promotional opportunities.

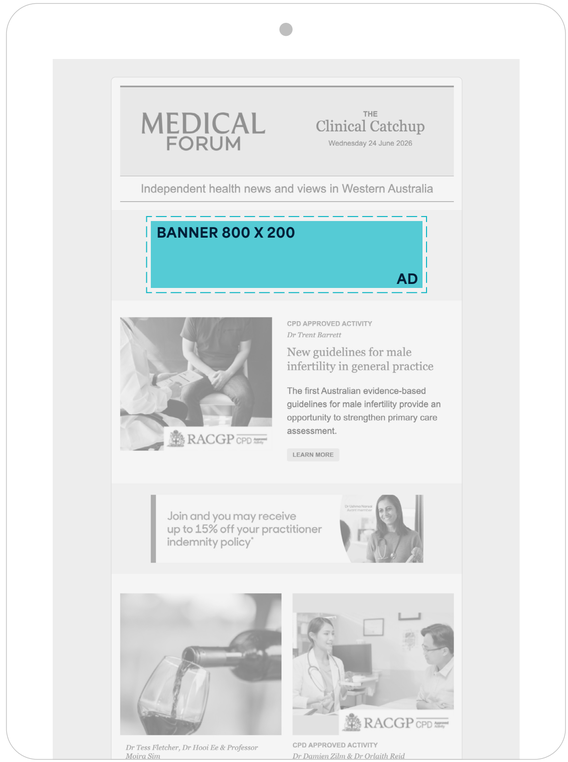
Weekly Newsletters

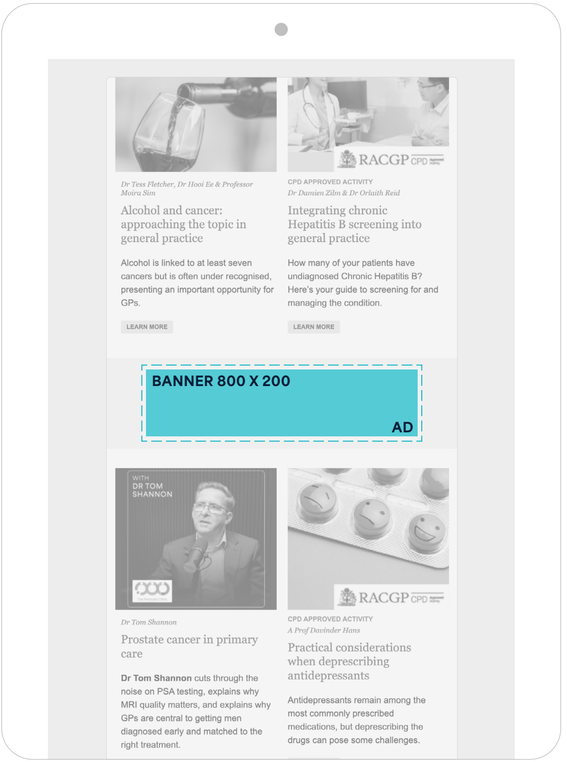
Top banner	**$2,300**
Middle banner	**$1,800**
Bottom banner	**$1,600**

Monthly Newsletter

Top & bottom banner exclusive	**$900**

- All rates exclude GST, 10% charged on invoice.
- 10% agency commission applies, 10% discount for more than three bookings.





Monday

The News Update

News you need to know to start your week

Wednesday

The Clinical Catch-up

A selection of CPD accredited clinical updates

Friday

The Weekly Check-in

The top news headlines from the week

Sunday

The Weekend Wrap

Features, lifestyle and news from the week

Print - *Display, Inserts & Wraps*

Our readers value our monthly magazine publication.

Our CPD content is published magazine-first, with GPs reaching for print copies to gain CPD hours. With readers completing on average 2.6 CPD articles in one sitting, our publication helps to increase your brand's visibility.

Display

Outside back cover	**$2,975**
Inside front cover	**$2,975**
Inside back cover	**$2,575**
Double page	**$4,250**
Full page	**$2,500**
Half page	**$1,450**
Strip	**$900**
Page loading preferred position	**+20%**
Artwork design service	**$500**

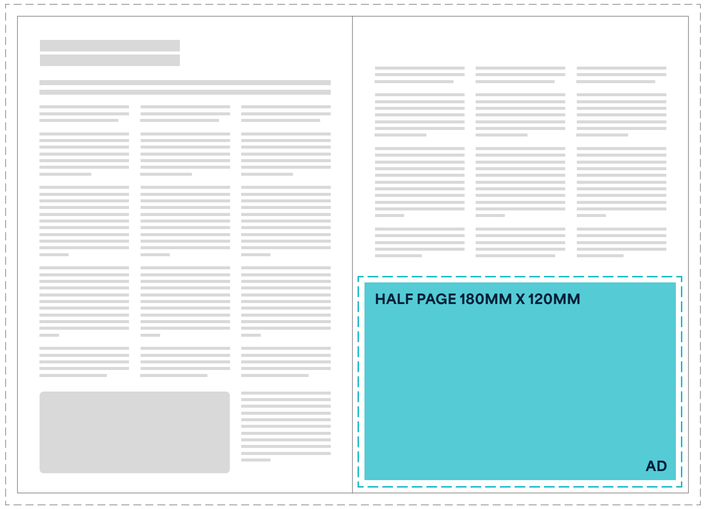
Wraps

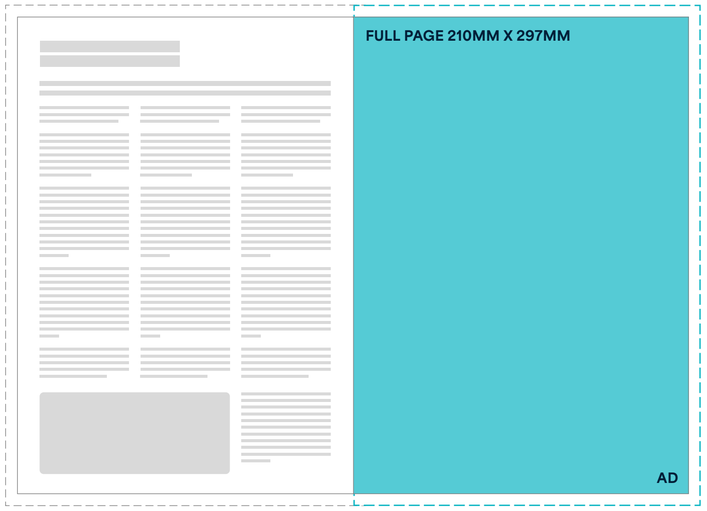
Half height cover wrap	**$6,495**
Inside front cover gatefold	**$8,795**

Inserts *(does not include printing)*

A5	**$3,500**
A4	**$5,000**

*larger inserts and printing quote are available





- All rates exclude GST, 10% charged on invoice.
- 10% agency commission applies, 10% discount for more than three bookings.

Sponsored Content

We offer multichannel content creation opportunities to reach both specialists and GPs within WA.

Our journalists can work with you to create unique content across our magazine, digital or podcast channels, or we can publish your content.

We allocate up to 4 pages for sponsored content per edition

- Reach an engaged WA audience of GPs and specialists
- Tailor your messaging to the needs of the WA audience
- Option to create RACGP CPD aligned content with input from our in-house GP
- Engage and build trust in your brand with educational content
- Two newsletter sends on a date of your choice. Social amplification if appropriate

Single page & digital *(Written in-house by our editorial)*	**$4,500**
Single page & digital *(Content supplied)*	**$3,500**
Double page & digital *(Written in-house by our editorial)*	**$6,500**
Double page & digital *(Content supplied)*	**$5,500**

- All rates exclude GST, 10% charged on invoice.
- 10% agency commission applies, 10% discount for more than three bookings.


SPONSORED CONTENT

Building your best practice

For many doctors, establishing a private practice is the culmination of years of training, sacrifice and professional ambition. It represents an opportunity to create an environment that reflects your approach to patient care.

AUTHOR
Nathan Todd, Medfit Design & Construct

While clinicians are experts in healthcare, few are prepared for the complexities involved in designing and delivering a medical practice that functions efficiently, complies with regulations and provides an exceptional patient experience.

Every aspect of a practice, from patient flow and consulting room layouts, to lighting, acoustics and reception design, contributes to how patients perceive the quality of care they receive.

MORE THAN FUNCTIONALITY
Healthcare facilities must support clinical workflows, accommodate equipment and satisfy accessibility, infection control and accreditation standards.

Patients entering a medical practice are often unwell or uncertain. Thoughtfully designed environments can help reduce stress through intuitive layouts, welcoming waiting areas, natural light and carefully selected finishes.

The environment is equally important for practitioners and staff. Doctors often spend more time in their practice than at home, making workplace comfort, efficiency and wellbeing essential considerations.

WHY SPECIALIST EXPERTISE MATTERS
Healthcare developments require expertise across design, construction, engineering, compliance and project management.

Coordinating consultants, builders, approvals and suppliers while maintaining clinical responsibilities can quickly become overwhelming. When multiple parties operate independently, accountability can become fragmented, often leading to delays, budget pressures and communication challenges.

This is why many healthcare professionals choose specialist healthcare design and construct firms that manage the entire process from concept through to completion. An integrated approach provides a single point of contact, improved coordination and a significantly smoother project experience.

A STRONG DESIGN BRIEF
Every successful healthcare project begins with a strong briefand design brief. This stage establishes not only the clinical and operational requirements of the practice, but also the practitioner's long-term goals, patient demographics and future growth plans.

Questions such as future staffing requirements, technology integration, procedural capabilities, privacy needs and patient experience expectations will influence the final design.

Thoughtful planning at this early stage can help avoid costly changes and ensure the practice has the ability to adapt over time.

Importantly, specialist healthcare designers also understand the complex regulatory requirements surrounding medical facilities, ensuring compliance considerations are addressed early and integrated seamlessly into the design.

Modern healthcare design allows practitioners to visualise their future practice before construction begins.

Detailed floorplans and 3D renders provide valuable insight into how the space will function for both clinicians and patients, helping teams refine and improve layouts before work commences on site.

These tools also help align the physical environment with the identity of the practice, whether that is a boutique specialist clinic, a multidisciplinary healthcare hub or a high-volume medical centre.

BUILDING FOR THE FUTURE
Once construction begins, effective project management becomes critical. Healthcare projects involve numerous trades, suppliers and regulatory requirements, all of which must be coordinated while maintaining budgets and timelines.

For practitioners facing lease commitments, equipment finance and clear goal-opening dates, delays can carry significant financial consequences.

Experienced healthcare project teams help minimise these risks through proactive management and clear communication throughout the build.

Establishing a medical practice is one of the most significant investments a healthcare professional will make. Done well, it creates more than a place to deliver healthcare – it creates an environment that supports staff, reassures patients and reflects the practitioner behind it.

With the right planning and expertise, practices can create a practice that not only meets today's needs but continues to support their vision well into the future.

(1) Nathan Todd is Marketing Manager at Medfit Design & Construct.

8 | JULY 2026


SPONSORED CONTENT

Integrating chronic Hepatitis B screening and management into general practice

AUTHOR
Dr Orlaith Reid and Dr Damien Zilm, general practitioners

As a GP, have you wondered how many of your patients have undiagnosed Chronic Hepatitis B (CHB)? And how many of your patients can you prevent from subsequently developing Hepatocellular Carcinoma?

CHB is not curable, but it is treatable and vaccine-preventable. There is no such thing as a hepatitis B carrier.

In Australia we have a significant death rate due to hepatitis B. It is estimated that there are 55,000 undiagnosed people living with CHB, and an estimated 165,000 people who need treatment but are not receiving regular care.

They are all at risk of developing Hepatocellular Carcinoma.

Some 70% of our patients with CHB were born overseas, 30% born in Australia, and 7% identifying as Aboriginal and Torres Strait Islander (ATSI). Our top five countries of birth are China, Vietnam, Philippines, Greece and Cambodia.

GENERAL PRACTICE AND HEPATITIS B ELIMINATION
Australia's hepatitis B strategy emphasises primary care as the central setting for CHB. People living with CHB remain undiagnosed, largely because infection is typically asymptomatic until advanced liver disease develops.

Diagnosis depends on proactive risk-based screening rather than symptom-driven testing.

General practitioners provide multiple opportunities to identify patients at risk. However, hepatitis B screening is frequently omitted due to competing priorities, challenges in correctly interpreting serology results and awareness of management pathways.

Incorporating hepatitis B assessment for those who have risk factors into routine consultations can significantly increase case detection without substantially increasing consultation time.

Hepatitis B screening
ASHM guidelines recommend risk-based screening for individuals from populations with increased hepatitis B prevalence. Priority groups include:

- People born in high-prevalence regions (North-East and Southeast Asia, including China, the Philippines and Vietnam, Pacific Islands, Sub-Saharan Africa)
- Aboriginal and Torres Strait Islander peoples
- Individuals with household or sexual contact with hepatitis B
- People who inject drugs
- Patients requiring immunosuppressive therapy
- Pregnant women without documented hepatitis B status

Screening can be incorporated opportunistically during new patient assessments, chronic disease management visits, antenatal care, or preventive health checks.

A brief risk assessment question regarding country of birth or family history can efficiently identify patients requiring testing.

Normalising hepatitis B testing alongside routine preventive screening reduces stigma and improves uptake. Clients can often be concerned around confidentiality or family members being able to access results, so reassurance around this can help.

When working with culturally and linguistically diverse (CALD) clients, allow adequate time for conversation and use of an accredited interpreter if required to ensure shared understanding of information.

INVESTIGATION: SIMPLIFYING HEPATITIS B SEROLOGY
A common barrier to GP engagement is perceived complexity of hepatitis B testing. ASHM recommends an initial triple serology panel, consisting of:

- Hepatitis B surface antigen (HBsAg)
- Hepatitis B surface antibody (anti-HBs)
- Hepatitis B core antibody (anti-HBc)

These markers allow classification into those who are susceptible, immune, or have CHB. Patients who test HBsAg positive for more than six months are considered to have CHB.

Following diagnosis, assessment focuses on determining disease stage and liver injury risk. Recommended investigations include:

- Alanine aminotransferase (ALT)
- HBV DNA viral load
- Liver fibrosis assessment (e.g., FibroScan or validated non-invasive markers such as Hepascore/APRI/FIB-4 calculators)
- Baseline liver ultrasound where indicated especially for those who have higher risk of hepatocellular carcinoma eg cirrhosis or alcohol related liver disease

TREATMENT PROTOCOLS
There are several clear, GP-friendly pathways that can be followed for the treatment of CHB. ASHMs 'Decision Making in hepatitis B' simplifies the work-up these patients need.

Not all patients require immediate treatment, however, all require ongoing monitoring to identify people with CHB who require viral suppression.

The ASHM decision-making tool emphasises structured follow-up even in patients not meeting treatment thresholds, as disease phase may change over time.

In WA all GPs can access advice and $100 antiviral prescriptions for patients with CHB through HepBHubWA@health.wa.gov.au. This allows for a simple shared care model, including $100 antiviral medication prescribing while your patient stays in your care.

HepatitisWA Dean Clinic is also able to manage referred patients. Additionally, there are a number of GPs who are $100 prescribers for CHB.

55,000 undiagnosed people living with CHB in Australia

70% of CHB patients were born overseas

30% were born in Australia

7% of CHB patients identify as Aboriginal and Torres Strait Islander

Finally, patients can also be referred to tertiary care, however this should only be those identified as having complex needs and in need of tertiary care. If you are not sure whether your patient needs tertiary referral, email HepBHub@health.wa.gov.au for advice.

Antiviral therapies, including nucleos(t)ide analogues, effectively suppress viral replication and significantly reduce progression to cirrhosis and HCC. Treatment eligibility is determined by a combination of HBV DNA level, ALT elevation, fibrosis stage, and patient-specific risk factors such as age and family history of liver cancer.

PRACTICAL IMPLEMENTATION IN GENERAL PRACTICE
A major contributor to poor outcomes is a lack of follow-up after diagnosis. Patients may be informed they have CHB but receive no structured monitoring or referral plan.

GPs can address this gap by embedding recall systems, clearly defining next steps after diagnosis, helping the patient to follow the advice received.

Simple system-level changes can improve hepatitis B care:

- Incorporating hepatitis B prompts into new patient templates especially those for at risk populations (ie CALD and ATSI communities)
- Adding country-of-birth screening alerts in medical records
- Improving and becoming confident in ordering serology to identify people living with CHB
- Establishing clear local referral pathways

Implementing the above changes will assist in reducing missed opportunities for diagnosis and intervention.

There is a WA-focused 'Hep B - Get Tested' campaign from Hepatitis Australia currently underway for our highest risk communities to increase awareness, reduce stigma, and increase presentation at GP clinics for screening.

KEY TAKEAWAYS
Reducing undiagnosed CHB and preventing hepatitis B-related cirrhosis and hepatocellular carcinoma requires stronger integration of screening and management within general practice.

GPs can substantially improve health outcomes for CHB at the individual patient and population levels by routinely considering hepatitis B during consultations, improving familiarity with investigation and treatment protocols, and strengthening referral pathways.

The pathway to reducing cirrhosis and HCC begins not in specialist clinics, but within primary care consultations.

REFERENCES
www.ashm.org.au/resources/decision-making-in-hepatitis-b
www.heplink.au/hep-b-get-tested

JULY 2026 | 9

SPONSORED CONTENT

Contrast-enhanced mammograms: A guide for GPs

By Dr Jing Liu, Radiologist

Breast cancer is not only the most common cancer for women in Australia, but also the second leading cause of death.

While conventional mammography remains the cornerstone of breast imaging its sensitivity is limited, particularly in dense breasts.

Contrast-enhanced mammography (CEM) is an emerging breast imaging modality that combines anatomical and functional assessment, offering increased sensitivity and diagnostic certainty.

What is contrast-enhanced mammography?

CEM involves performing digital mammography following intravenous administration of iodinated contrast – the same contrast agent used for CT, therefore the same contraindications apply.

Dual-energy exposures generate subtraction images that demonstrate areas of contrast uptake, due to increased vascularity.

The low energy exposures are identical to standard digital mammography. Both standard 2D mammograms and tomosynthesis can be performed as part of contrast-enhanced mammography.

Radiation dose for CEM is approximately 25-30% more than conventional digital mammography. This is similar to obtaining one additional conventional mammogram view, or around two months of natural background radiation.

CEM may be particularly beneficial for:

- Dense breast tissue (BI-RADS categories C and D), limiting conventional mammographic sensitivity
- Surveillance of intermediate and high-risk patients (e.g. previous history of breast cancer or strong family history)
- Evaluation of the symptomatic breast (e.g. palpable lump)
- Assessment of disease extent in known breast cancer to identify multifocal or contralateral disease for treatment planning
- Assessment of response to neoadjuvant chemotherapy

It can also be an alternative to breast MRI for patients who have:

- Increased lifetime risk of breast cancer but do not qualify for MBS-funded breast MRI
- Severe claustrophobia
- Non-MRI-compatible devices

CEM compared with other breast imaging modalities

Total examination for CEM takes around 15 minutes, compared to 30-45 minutes for a breast MRI.

It is performed in a familiar digital mammogram machine, rather than face down in an MRI machine where positioning and noise may trigger claustrophobia.

CEM comes at a significantly lower cost than breast MRI, and is often more accessible.

For women with dense breasts, conventional digital mammography sensitivity for lesion detection can be as low as 60-70%, whereas sensitivity of CEM in dense breasts is 95-97%, similar to breast MRI.

Dr Liu is a RANZCR FRANZCR Radiologist recently completing a sub-specialised Breast Radiology Fellowship at SAC.

RACGP CPD
Educational Activities 0.5 hours
Reviewing Performance 0.5 hours
Activity ID 1283727

An example of a breast cancer obscured by a breast that is heterogeneously dense (BI-RADS C) (left), which becomes clearly visible as an enhancing mass on CEM (right).

SKG CEM is currently offered at SKG Subiaco and Bunbury branches.

Sponsored Content

Digital distribution only

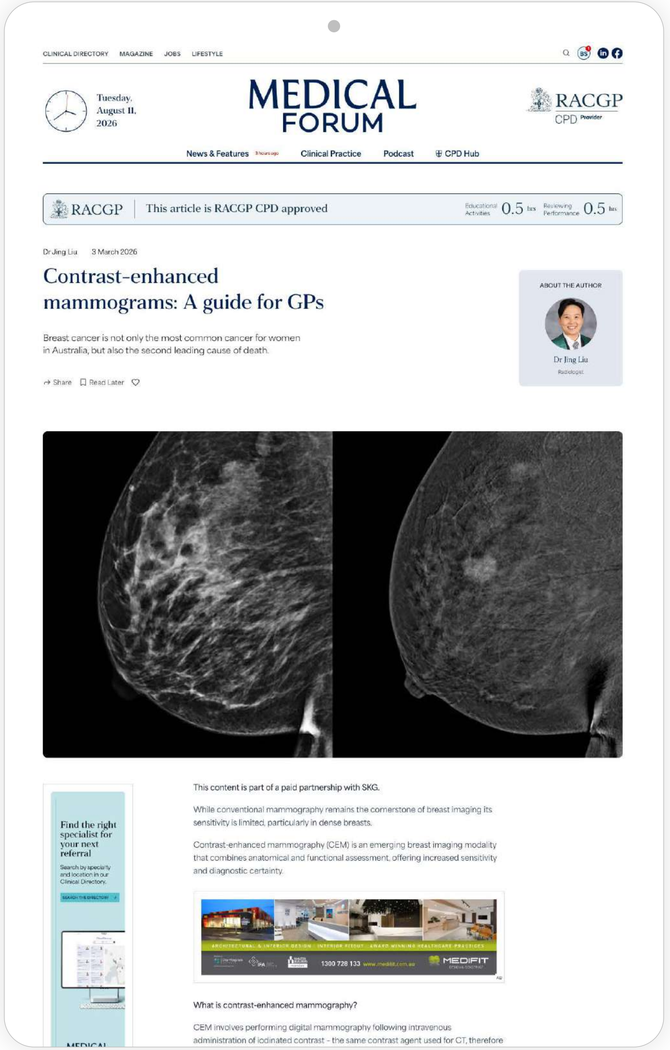
1. **The News Update** *(Monday)*
   News you need to know to start your week
2. **The Clinical Catch-up** *(Wednesday)*
   A selection of CPD accredited clinical updates
3. **The Weekly Check-in** *(Friday)*
   The top news headlines from the week
4. **The Weekend Wrap** *(Sunday)*
   Features, lifestyle and news from the week

We only allow one sponsored article per newsletter

- Design content that builds brand awareness
- Two sends within the newsletter of your choice
- Work with our highly respected healthcare journalists to produce your content
- Content housed on our website with click through to your chosen landing page
- Social amplification - if appropriate

Newsletter article *(Written in-house by our editorial team)*	**$3,500**
Newsletter article *(Content supplied)*	**$2,500**

- All rates exclude GST, 10% charged on invoice.
- 10% agency commission applies, 10% discount for more than three bookings.



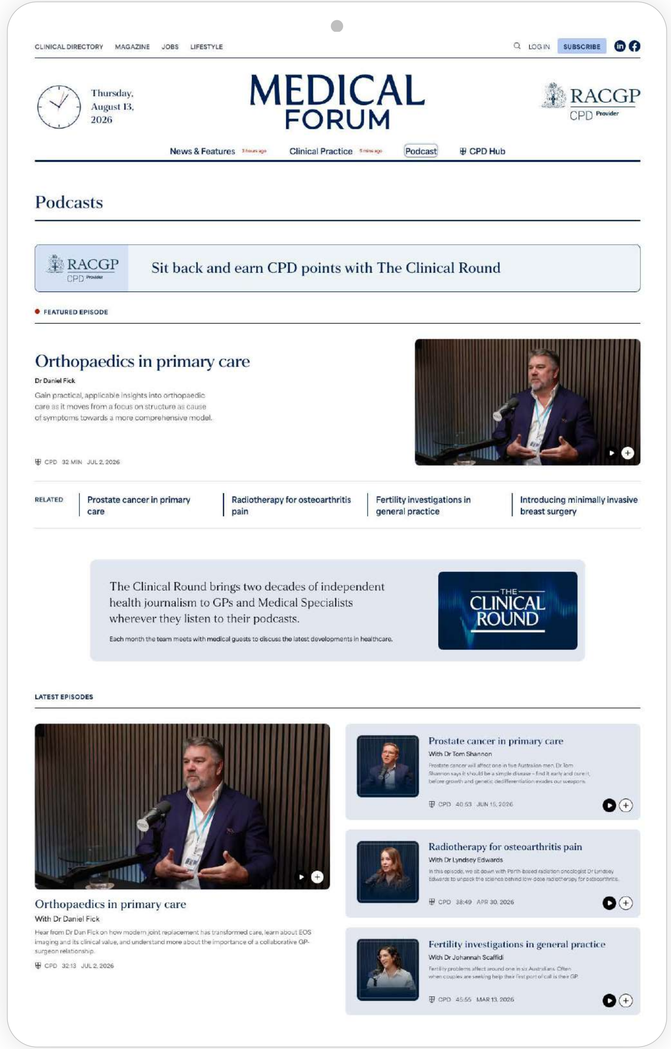
Podcast

RACGP CPD Approved Activity

Our podcasts are educational, on-demand modules, accredited by RACGP.
Structured as a peer-to-peer conversation between a GP and a specialist, each episode is built around a clinically relevant topic aimed at improving patient care.

- Utilise independent WA specialists and a platform with high engagement with medical professionals in WA
- Audio and video files recorded, with full access provided for you to share through your own channels
- Design educational content that helps your product or service grow
- Sent through our weekly newsletter
- Use the content with your own database
- Podcast housed on our gated podcast page for verified HCPs
- Video snip shared via LinkedIn
- Dedicated podcast production team

30 minute long-form	**$3,500**



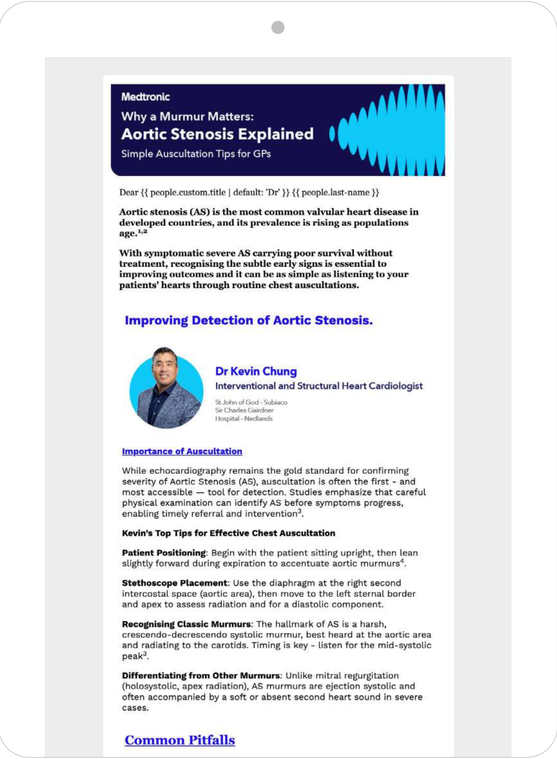
- All rates exclude GST, 10% charged on invoice.
- 10% agency commission applies, 10% discount for more than three bookings.

Solus eDM

Reach our extensive WA database of GPs and specialists with your Solus eDM. We can tailor our send list to the audience you would like your specific message to reach.

- Engaged database with above industry standards open rate
- Utilise your own existing content or work with our editorial team to create content for you
- Opportunity for readers to engage with downloads, links and registration forms
- Limited availability each month.

Full database	**$4,000**
Partial database	**POA**


Medtronic

Why a Murmur Matters:

Aortic Stenosis Explained

Simple Auscultation Tips for GPs

Dear {{ people.custom.title | default: 'Dr' }} {{ people.last-name }}

Aortic stenosis (AS) is the most common valvular heart disease in developed countries, and its prevalence is rising as populations age.[1,2]

With symptomatic severe AS carrying poor survival without treatment, recognising the subtle early signs is essential to improving outcomes and it can be as simple as listening to your patients' hearts through routine chest auscultations.

Improving Detection of Aortic Stenosis.

Dr Kevin Chung
Interventional and Structural Heart Cardiologist

St John of God - Subiaco
Sir Charles Gairdner
Hospital - Nedlands

Importance of Auscultation

While echocardiography remains the gold standard for confirming severity of Aortic Stenosis (AS), auscultation is often the first - and most accessible — tool for detection. Studies emphasize that careful physical examination can identify AS before symptoms progress, enabling timely referral and intervention[3].

Kevin's Top Tips for Effective Chest Auscultation

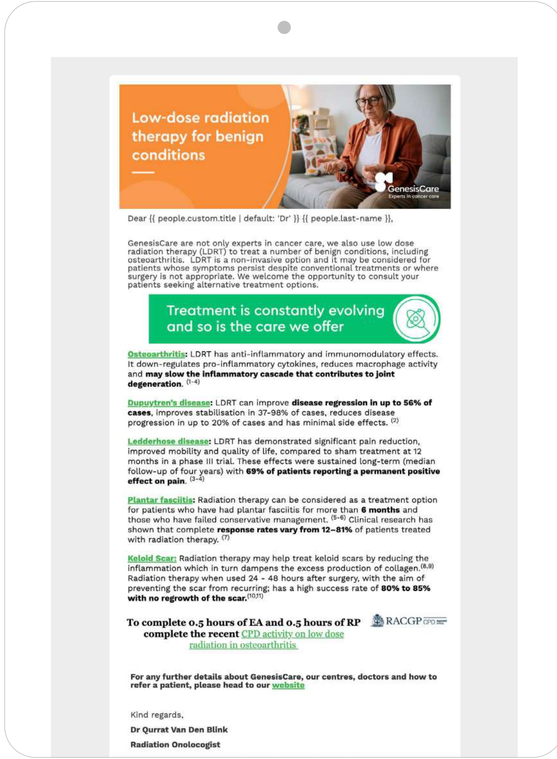
Patient Positioning: Begin with the patient sitting upright, then lean slightly forward during expiration to accentuate aortic murmurs[4].

Stethoscope Placement: Use the diaphragm at the right second intercostal space (aortic area), then move to the left sternal border and apex to assess radiation and for a diastolic component.

Recognising Classic Murmurs: The hallmark of AS is a harsh, crescendo-decrescendo systolic murmur, best heard at the aortic area and radiating to the carotids. Timing is key - listen for the mid-systolic peak[3].

Differentiating from Other Murmurs: Unlike mitral regurgitation (holosystolic, apex radiation), AS murmurs are ejection systolic and often accompanied by a soft or absent second heart sound in severe cases.

Common Pitfalls


Low-dose radiation therapy for benign conditions

GenesisCare
Experts in cancer care

Dear {{ people.custom.title | default: 'Dr' }} {{ people.last-name }},

GenesisCare are not only experts in cancer care, we also use low dose radiation therapy (LDRT) to treat a number of benign conditions, including osteoarthritis. LDRT is a non-invasive option and it may be considered for patients whose symptoms persist despite conventional treatments or where surgery is not appropriate. We welcome the opportunity to consult your patients seeking alternative treatment options.

Treatment is constantly evolving and so is the care we offer

Osteoarthritis: LDRT has anti-inflammatory and immunomodulatory effects. It down-regulates pro-inflammatory cytokines, reduces macrophage activity and **may slow the inflammatory cascade that contributes to joint degeneration.** [1–4]

Dupuytren's disease: LDRT can improve **disease regression in up to 56% of cases**, improves stabilisation in 37–98% of cases, reduces disease progression in up to 20% of cases and has minimal side effects. [2]

Ledderhose disease: LDRT has demonstrated significant pain reduction, improved mobility and quality of life, compared to sham treatment at 12 months in a phase III trial. These effects were sustained long-term (median follow-up of four years) with **69% of patients reporting a permanent positive effect on pain.** [3–5]

Plantar fasciitis: Radiation therapy can be considered as a treatment option for patients who have had plantar fasciitis for more than **6 months** and those who have failed conservative management. [5–6] Clinical research has shown that complete **response rates vary from 12–81%** of patients treated with radiation therapy. [7]

Keloid Scar: Radiation therapy may help treat keloid scars by reducing the inflammation which in turn dampens the excess production of collagen.[8,9] Radiation therapy when used 24 - 48 hours after surgery, with the aim of preventing the scar from recurring; has a high success rate of **80% to 85% with no regrowth of the scar.**[10,11]

To complete 0.5 hours of EA and 0.5 hours of RP complete the recent CPD activity on low dose radiation in osteoarthritis

RACGP CPD

For any further details about GenesisCare, our centres, doctors and how to refer a patient, please head to our website

Kind regards,

Dr Qurrat Van Den Blink

Radiation Onolocogist

- HTML to be supplied
- All rates exclude GST, 10% charged on invoice.
- 10% agency commission applies, 10% discount for more than three bookings.

Specifications - *Print*

Magazine

Double Page	Full Page	Half Page *(horizontal)*	Strip *(horizontal)*
Trim Size: 420mm(w) x 297mm(h)	**Trim Size:** 210mm(w) x 297mm(h)	**Trim Size:** 180mm(w) x 120mm(h)	**Trim Size:** 180mm(w) x 55mm(h)
Bleed: 3mm on all sides	**Bleed:** 3mm on all sides		
Type margin: 16mm in from trim and gutter	**Type margin:** 16mm in from trim and gutter	**Type margin:** Minimum of 6mm in from trim	**Type margin:** Minimum of 6mm in from trim

Artwork Requirements

- Text margins are 16mm in from the trim and 16mm in from the gutter for both double page and full page sizes, minimum of 6mm in from trim for other sizes
- 3mm bleed and crop marks to be applied to double page and full page sizes. Other sizes don't require bleed
- All images should be CMYK for print ads (not RGB), art with RGB or spot colours will be converted to CMYK
- Email a final print ready PDF to bryan@mforum.com.au

Images: All images used in the artwork should be 300dpi at actual size

Sponsored content Word Counts

Single Page: 600 max

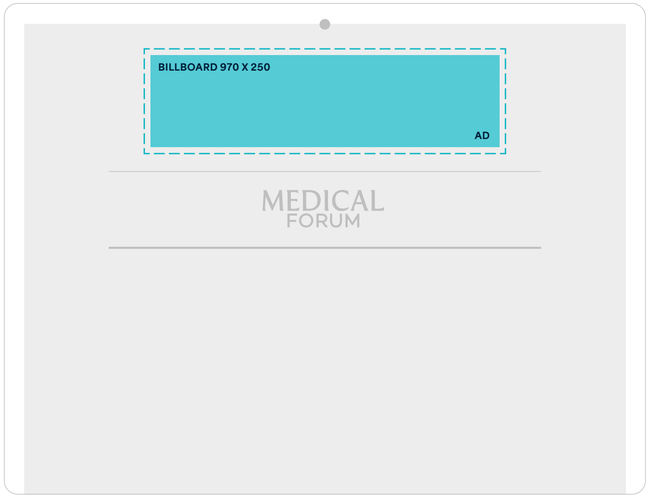
Double Page: 900-1000 max

Specifications - *Digital*

Website

Billboard

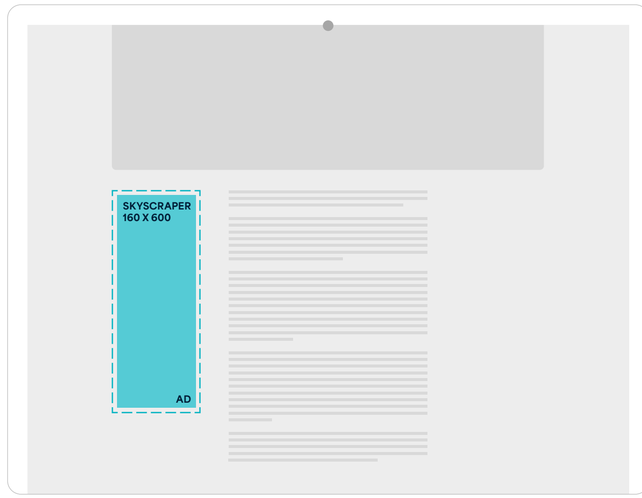
Size:
970px(w) x 250px(h)



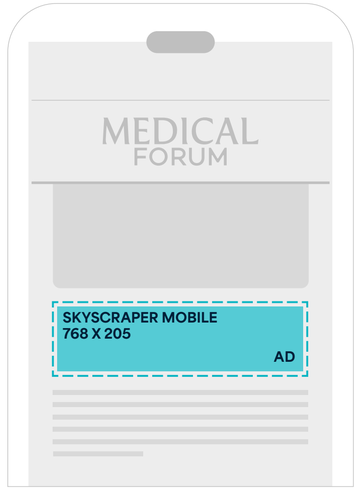
Skyscraper

Requires both a desktop and mobile version to be supplied

Size (desktop):
160px(w) x 600px(h)



Size (mobile):
768px(w) x 205px(h)



Digital Advert Design Specifications

Resolution & Colour: 72dpi & RGB

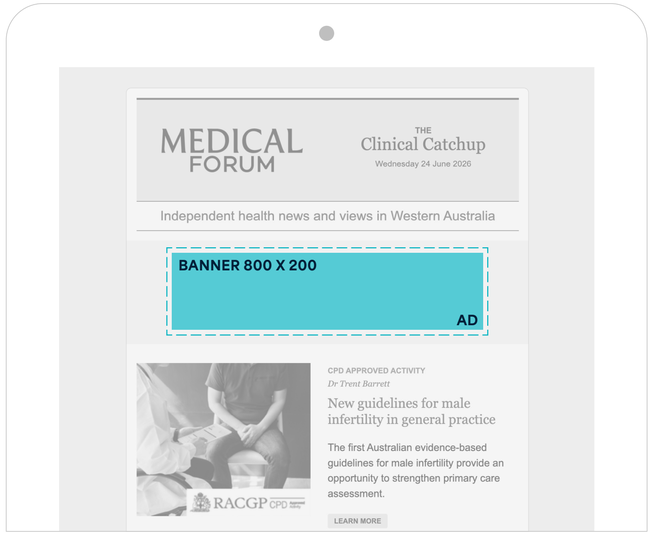
- All art files must include a click-through URL
- Art files can be provided as .GIF (ideal for animated ads) or .JPG
- GIF Banners: Ensure animations are set to loop continuously
- All ads with a white background must have a 1px keyline or border
- Please indicate if your creative is intended for restricted viewers (e.g., Ahpra only)

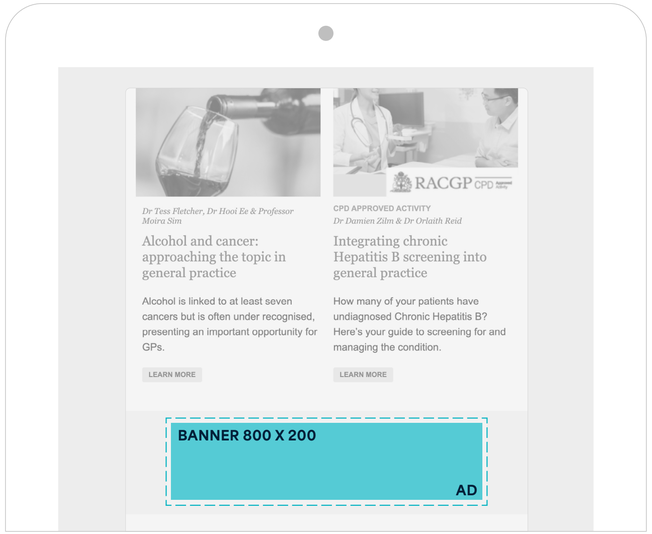
Specifications - *Digital*

E-Newsletters

All banners

Size:
800px(w) x 200px(h)





Digital Advert Design Specifications

Resolution & Colour: 72dpi & RGB

- Banner size: 800(w) x 200(h) pixels
- All art files must include a click-through URL
- Art files can be provided as .GIF (ideal for animated ads) or .JPG
- GIF Banners: Ensure animations are set to loop continuously
- All ads with a white background must have a 1px keyline or border
- Please indicate if your creative is intended for restricted viewers (e.g., Ahpra only)

Sponsored content Word Counts

Full Newsletter: 650-700 max

Advertising Manager

Bryan Pettit
P 0439 866 336
E bryan@mforum.com.au

Advertising Account Manager

Rita Murphy
P 08 9203 5222
E rita@mforum.com.au

Clinical Editor

Dr Joe Kosterich
P 0417 998 697
E joe@mforum.com.au

Managing Editor

Andrea Downey
P 0437 909 904
E andrea@mforum.com.au

Printer

Scotts
E hello@scott.com.au

Graphic Design

Studio Scotts
E hello@studioscotts.com.au

Terms & conditions

The publisher's payment terms are noted on each invoice which will be issued to the advertiser. Invoices are payable within 14 days of issue. We pay 10% agency commission on all bookings.

mforum.com.au
(08) 9203 5222

3/107 Cambridge Street
West Leederville, WA 6007