



HONG KONG PHARMACEUTICAL *JOURNAL*

Hong Kong Pharmaceutical Journal
Room 1303, Rightful Centre,
12 Tak Hing Street, Jordan
Hong Kong

Advertisement Order Form for HKPJ website 2026

I/We hereby authorise the Hong Kong Pharmaceutical Journal to insert the following advertisement in the website, period and types as stated below, for which I/We agree to pay them the prescribed fee(s) as said hereon.

Please put a tick (V) on the Month(s) of Publication at website:

| | | | | | |
|----------------------------------|---------------------------------|----------------------------------|-----------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> Jan 26 | <input type="checkbox"/> Feb 26 | <input type="checkbox"/> Mar 26 | <input type="checkbox"/> April 26 | <input type="checkbox"/> May 26 | <input type="checkbox"/> June 26 |
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Name of Product (s): _____

Please put a tick (V) on the advertisement type and duration of advertisement preferred below:

| Ad Type | Location | Specification | 2-months posting | 3-months posting | 4-months posting |
|---------|--------------------------------------|---|------------------|------------------|------------------|
| 1. | Roller banner on home page | Desktop version: (A) 300px (H) x 1024px(W) (B) 600px (H) x 2048px W (must provide ad in higher resolution) Mobile Version: 735px (H) x 343px (W) Format:jpg/png | \$8,700 | HK\$10,500 | HK\$12,000 |
| 2. | Static square on the right column | 800px (H) x 800px (W) Format:jpg/png | \$5,600 | HK\$6,800 | HK\$8,000 |
| 3. | Rectangular Banner at Bottom of Page | Desktop version: (C) 300px (H) x 1024px(W) (D) 600px (H) x 2048px W (must provide ad in higher resolution) Mobile Version: 735px (H) x 343px (W) Format:jpg/png | \$7,500 | HK\$9,000 | HK\$10,500 |
| 4. | A4 Size Pop-up | 3508px (H) x 2480px (W) Format:jpg/png (72dpi) | HK\$23,000 | HK\$28,000 | HK\$32,000 |
| 5. | Educational video | mp4 | HK\$2,000 | HK\$4,000 | HK\$6,000 |



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Name of Company: _____

Address: _____

Contact Person: _____ Position: _____

Telephone Number: _____ Facsimile No: _____

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Company Chop

Signature

Date

Please sign and fax this form to: **Ms. Yvonne Li** **Fax: (852) 2376 3091**

For further information and booking, please contact:

| | | |
|------------------------|-----------------------------|--------------------------------------|
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