

**Feature Article** Reprint # 68-02

## Web 2.0 Pharma Marketing Tricks for Dummies

*Secrets Revealed; FDA Will Never Be the Wiser!*

By John Mack

After years of advising pharmaceutical marketers to avoid shady online practices, especially when using Web 2.0 tools, I have decided that my presentations, blog postings, and articles are falling on deaf ears. What marketers really want to know is how to get away with it—that is, how to flawlessly perform the "Tricks of the Trade" as they say. To satisfy that need, I decided to write this article, which is based on a presentation entitled "Pharma Marketing Tricks for the Web 2.0 Era" that I made at the *THE Pharmaceutical Marketing Event* held recently in Philadelphia, PA.



The four tricks for which I give precise instructions on how to perform in this article, include:

- Trick #1: **Google "BADwords"**
- Trick #2: **Posing as a Consumer on Social Networks**
- Trick #3: **Wikipedia Sleight-of-Hand Edit**
- Trick #4: **YouTube "Consumer-Generated" Video**

Before proceeding, please take a moment to read the DISCLAIMER (see box).

### Web 2.0

I'm not going to waste much time explaining Web 2.0. This has been covered adequately in previous articles (see, for example, "[YouPharma: New](#)

### DISCLAIMER

The "tricks of the trade" revealed herein are for your entertainment only. The author suggests that you do NOT try these "tricks" at home or in your office without close supervision!

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### [Rules for Pharma Marketing and Social Media](#)

Let's just say that Web 2.0 is a social phenomenon embracing an approach to generating and distributing Web content itself, characterized by open communication, decentralization of authority, freedom to share and re-use, and "the market as a conversation." Web 2.0 applications include blogs, message boards, wikis, podcasts, YouTube, syndication, etc.

Of the 143 million people who have used the Internet in the last 12 months, 61 million (43%) have used one of the following Web 2.0 technologies:

- watched online video,
- read a blog, or
- subscribed to a podcast.

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### Consumer-Generated Content

Not only are consumers and patients watching or listening to Web 2.0 applications and Web sites, they are contributing to them! "Consumer-Generated Content" (CGC, also called "User-Generated Content" or UGC) and conversations are the most distinguishing features of Web 2.0 (for more information about CGC, see "[Measuring Consumer Sentiment About Prescription Drugs](#)" in this issue).

Pharmaceutical marketers are interested in these "new" CGC channels and are grappling with ways to influence them or to insert their messages in them. The tricks outlined in this article will demonstrate how easy it is to take advantage of Web 2.0 tools to do this without the need to obey rules and regulations that apply to promotion in the real world. Who needs to be "mister nice guy" when you can be a "mean hombre" and consistently beat your competition by trickery? But you must be careful because one small misstep can land you in BIG trouble!

### FDA Will Not Be the Wiser

One way that pharmaceutical marketers can get into trouble by ineptly performing the Web 2.0 tricks discussed in this article is by getting the attention of DDMAC at FDA. Fortunately, DDMAC is distracted by other matters, namely by about 10,000 ads and Web 1.0 sites it has to review each year (see Figure 1).

In 1997, the FDA attempted to understand Internet 1.0, but never got to first base and never issued any specific guidelines for the regulation of pharmaceutical marketing on the Internet.

That's one reason the FDA is focused on TV and not on the Internet. According to the GAO, FDA prefers to review every DTC TV ad it receives, regardless of the merit of the claim against it. The GAO states: "FDA officials told us that they review all final and draft direct-to-consumer (DTC) television advertisements that FDA receives because these materials are likely to be widely disseminated to consumers."

The recently passed Food and Drug Administration Revitalization Act includes \$6.25 million per year that the FDA can charge drug companies to preview broadcast DTC ads before they are aired. There's no mention at all about more money for reviewing ads on the Internet. You can be

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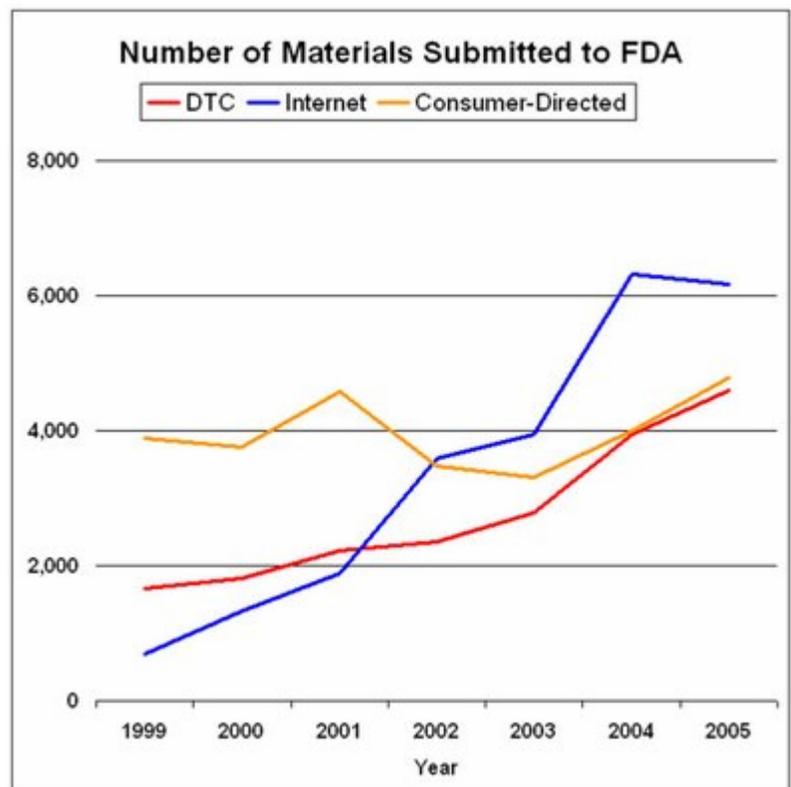
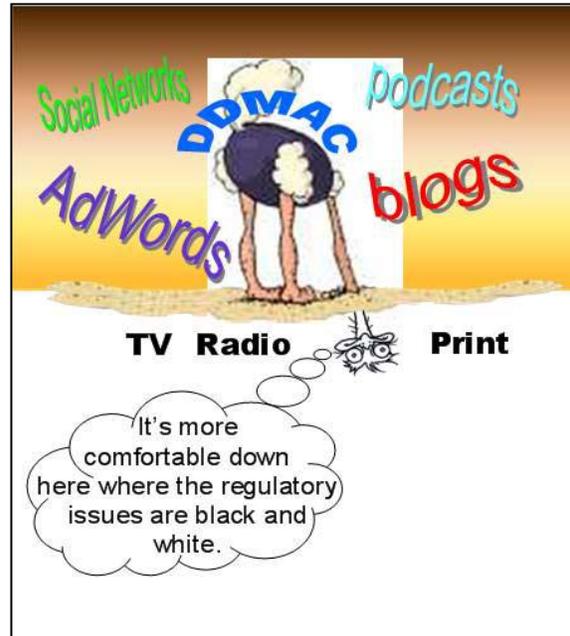


Figure 1: Shows the number of DTC and "consumer-directed" (eg, patient brochures distributed by physicians) materials submitted to the FDA from 1999 through 2005. Source: GAO report.

sure that FDA's radar will be focused where the money is, which is NOT the Internet.

While TV does have incredible reach among consumers, Web 2.0 is sneaking up on TV and consuming more and more of the consumer media attention pie. Savvy marketers realize this and will experiment with new ways to promote their products using Web 2.0 tools and tricks.



### PhRMA Internet Guidelines... Not!

The US Pharmaceutical trade association, PhRMA, finalized its "Guiding Principles" for DTC advertising in 2005. The guidelines only apply to TV and print advertising and not to Internet advertising. In 2005, there was some talk of also developing guidelines for the

Internet, but as of this writing, there has been no movement in that direction. In any case, the PhRMA guidelines are voluntary and not mandatory and even when companies violate the guidelines, PhRMA neither names the violators nor punishes them in any way.

### HealthTrain, the Open Healthcare Manifesto

There are some grassroots attempts out there to develop "a healthcare social media ecosystem" where rules clearly delineate how Web 2.0 denizens should behave. One, the HealthTrain Manifesto was launched by a community of healthcare bloggers. It is rooted in the 1999 "Cluetrain Manifesto," which applied to the "old" Web 1.0.

HealthTrain principles include:

- Openness
- Empowerment
- Conversation, Transparency
- Privacy
- Control

Whatever the details of these principles might be, they are easily ignored and should not deter you

from performing the tricks described in this article. So let's forget the HealthTrain and get on the **Web 2.0 GavyTrain** learn some tricks of the trade!



### Trick #1: Google "BADwords"

We'll start off with a simple trick that any summer intern can execute flawlessly.

This trick involves Google Adwords, which is Google's pay per click program that allows advertisers to display their ads on relevant search results and across Google's content network via the AdSense program. While Adwords are not strictly Web 2.0, anyone can sign up for Google's AdSense program and easily create Adwords.

When an Adword appears to be in violation of FDA guidelines, I dub it a "BADword." The trick is to serve "BADwords" and not get caught by the FDA even though the ads are in plain sight everywhere on the Internet.

A precursor to this trick was first described on Pharma Marketing Blog back in November, 2006 when I noticed Google Adwords for Lunesta that appeared to violate FDA regulations or guidelines (see "[Lunesta, Google, and BADwords](#)"). This was followed by the classic post "[The Girl from Google](#)", which documented the lack of knowledge Google has about the regulation of drug ads.

Here's how to flawlessly perform the Google "BADwords" Trick.

Online consumers see this ad:

**Enbrel**

Learn About an FDA Approved Treatment for Psoriasis.

[www.Enbrel.com](http://www.Enbrel.com)

Ads by Google - Advertise on this site

This ad, IMHO, is "tricky" for several reasons:

1. **Improper indication:** Enbrel is specifically approved for the treatment of "moderate-to-severe plaque psoriasis," which is much more specific than "psoriasis"
2. **Lacks fair balance**
3. **No generic name** (etanercept); this, however, is merely a technical violation

The real "trick" is getting away with broadening the approved indication of the drug by implying that it is approved for all forms of psoriasis. The other aspects of the trick are really diversions since the

FDA has never cited other Google Adwords that lacked fair balance or failed to include the generic name of the product.

But the ultimate trick is making sure the FDA does not see the tricky version of the ad, but another, more acceptable, version.

This is what the FDA sees (if it were looking)...

This ad is less "tricky" and probably will pass muster with the FDA because:

1. **Proper indication** is given
2. **Still Lacks fair balance**, but the argument can be made that this ad is part of a larger piece of information (product web site accessible in one click via link) that is NOT separate from the ad (the infamous "one-click rule" often attributable to the FDA)
3. **Still has no generic name**: But that can be forgiven in a URL

### The Secret to Performing the "BADwords" Trick

It is quite easy to add, delete, or edit Google Adwords instantly and never leave a trail! Well, there might be a trail, but only Google will have that information and it would probably take a court order to get it.

All you—or any low-paid summer intern that you hire—have to do is to create 2 groups of Adwords: one that is "violative" (ie, the trick ad) and one that is not. If your trick ad is outed by a blogger or reported to the FDA, instantly switch to the legit Adword group! No one, least of all FDA, will be the wiser!

### The So-called "One-Click Rule"

Some claim the BADwords Trick is not a trick at all because the "one-click rule" applies; ie, the online consumer is one click away from fair balance or the official package insert (PI). In a Cymfony Influence 2.0 White Paper entitled "Connecting with Patients, Overcoming Uncertainty," the authors make frequent reference to this "rule" regarding access to fair balance information on the Internet.

If you search Google on "one-click rule FDA," however, you won't find any references to this rule that the FDA has made, but you will find my post "Girl from Google."

Google "BADwords," claim one-click proponents, may be OK with the FDA because the PI or brief summary is "one or two clicks away." Without specific guidance from the FDA, no one knows what is correct in this case. You can call it "received precedent" or you can call it "best practice" or

maybe just "common practice." But you can't call it FDA-approved practice.

In any case, the "one click away" defense does not apply here. FDA specifically endorsed the one-click rule ONLY on Rx product Web sites to provide a DIRECT link to the PI. In that case there is no need to provide PI on the same page that mentions the drug name and its indication. It should be noted, however, that "best practice" these days is to include major side effect information on every page of the product site, albeit at the bottom of the page.

Thus, an Adword could be said to comply with the "one click rule" only if within the Adword text there was a direct link to the PI or brief summary. In "BADwords," there is only a link to the product Web site, not the PI. Presumably, the user would have to find the link to PI once on the product Web site.

So, if there actually is a "one-click rule," it is not correct to invoke it for every kind of ad on the Internet, and surely not in cases where you really need TWO clicks to get to the PI or fair balance!

It is a shame that the FDA does not have any guidance for the industry as far as Internet advertising is concerned. This means that marketers can use lack of guidance as a defense for sneaking in ads that push the envelope. What are the chances that the FDA would ever notice? These ads are fleeting, here today, gone tomorrow!

One click or two, it's all a moot point; flawless execution of the Google "BADwords" Trick as outlined here will completely pull the wool over the FDA's sleepy eyes!

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## Trick #2: Gaming Social Networks or How to Pose as an “Ordinary” Consumer/Person

In this trick, comments or posts are made to social network sites like discussion boards and blogs that are frequented or run by consumers. The posts appear to be made by “ordinary” consumers but are actually made by ad agencies, pharmaceutical employees, or paid consumer or medical consultants.

To illustrate this trick, I will refer to the QuestionEverything.com Web site and the alliConnect Blog as examples.



Figure 2: One Drug, Two Social Media/Web 2.0 Sites

QuestionEverything.com is positioned as an “honest look at weight loss.” It was launched in April, 2006, more than a year before GSK introduced alli, its OTC version of Xenical, to the market. The site included a moderated online discussion board, which has since been discontinued. When you click on “DISCUSS”, you are encouraged to visit the alliConnect blog, which allows comments.

For those of you who do not know, alli is a low dose form of Xenical, a prescription diet pill that has been on the market for a long time. Xenical hasn’t done very well, however. It received a lot of bad press around the time it was launched because of its unpleasant

side effects—especially “anal leakage.”

Overcoming the negative press about “anal leakage” has been a major challenge for the alli marketers. With a little help from the “Gaming Social Network Trick,” the marketers have made some headway.

Here’s how GSK executed the “Gaming Social Networks” trick.

### The alli First Team

First, through a vendor, GSK recruited a select group of people who started using alli in April, 2007. This group of 400 people is called the alli First Team. A typical member is a white woman, age 30 to 39 who wants to lose 16 to 50 pounds

and whose household income is between \$50,000 and \$100,000. All are “eager volunteers” to try the alli program. To ensure the proper level of eagerness, each member gets a six-month supply of alli (worth about \$300).

“[The alli first team] seems like a great marketing move on GSK’s part,” said Debbie Weil, alliconnect blogger. Indeed!

The trick is to have alli First Team members post notes about how well they are doing on the alli program. To do it flawlessly, however, no one should suspect that the posts were actually written by an ad agency.



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Here's an example of a recent post to alliConnect blog:

*"I am a member of the Alli First team. I have been on Alli since April 17! I never even had a treatment effect! I experienced a little bit of oil in the toilet the first week during a normal bowel movement, but that was it! I like the way that GSK has been so honest about the possibility of treatment effects! I was absolutely petrified when I first started, but have been so relieved! The media is really blowing the treatment effects out of proportion! I wish they would report the true happenings instead of these distortions! (By the way, I have lost a total of 17 lbs on Alli! Thanks GSK!)"*

This "honest look at weight loss" starts off well enough by being very upfront and transparent. That is, the writer identifies herself as an Alli First Team member. Nobody except critical readers like me will bother to look up exactly what the Alli First Team is and what compensation, if any, team members get from GSK.

Right away, this team member tackles the "anal leakage" problem and pooh-poohs it (forgive the pun). Not only that, she lays into the press as if she actually reads newspapers. We know, however, that only PR people paid by pharmaceutical companies read newspapers. The author—who I now suspect had ghost-writing help from the alli PR team—really focuses too much attention on the press. Again, only a PR person would think it is important to do that.

That's the first and the major *faux pas* in this execution of the "Gaming Social Network" trick.

Another *faux pas* is the excessive use of exclamation points!!!! Again, not something you'd expect an ordinary consumer to do. Finally, the grammar, punctuation, and spelling are all flawless!

### The Secret to Perfect Execution of the Social Network Gaming Trick Revealed

Here are some guidelines for performing a perfect execution of the "Gaming Social Network" trick:

1. **DO NOT TRY THIS TRICK ON YOUR OWN!** You will need professional help from a medical communications company or advertising/PR agency with the *appropriate expertise and experience*; try one of those "buzz" agencies.
2. Set up a blog or a discussion board and have "posers" post messages and/or

comments without revealing that they are paid to do this. If you feel the urge, co-opt the "transparency" thing. Reveal that you are "part of the team" but that being said you have the right to express your opinion. Don't reveal details about your relationship to the sponsor. Even those that identify themselves as paid experts—eg, HCPs—are free to make the most outlandish claims about your product, which you cannot do on the product web site or anywhere else.

3. Don't use big words; spell some words wrong; use bad grammar and punctuation; avoid "marketing speak" (eg, avoid phrases like: "To me, Xenical is one rung in the ladder of weight loss success.")
4. Don't create an unbelievable character; eg, a 35-year old that had a stroke or "your average 44 year old woman." Give me a break! Obviously, you need to make a major benefit statement, but don't develop an unbelievable character just to work in an obscure benefit.
5. By all means, make exaggerated claims, but don't go overboard; eg, claim that you lost 110 lbs on Xenical. Get real!

Done right, this fun "trick" is a boondoggle you can't afford to pass up. Done wrong, however, and you are toast!



### Trick #3: Wikipedia Sleight-of-Hand Edit

Wikipedia is the world's largest encyclopedia available on the Web. It was started in 2001 and by the end of 2005, there were 1.8 million entries in more than 100 languages on every conceivable subject, written and edited by hundreds of thousands of contributors from all walks of life. Anyone can create or edit an entry, including pharmaceutical marketers.

The "Wikipedia Sleight-of-Hand Edit" trick is a crucial Web 2.0 trick to master because Wikipedia entries often appear at or near the top of the list of natural searches on Google and other search engines.

In this trick, you can perform a number of edits to entries that mention your product such as:

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- remove any mention of risks that FDA requires you to put in your drug's labeling – especially Black Box Warnings!
- delete references to published studies from leading research clinics that suggest your drug increases risks of infections, heart attacks, whatever.
- jazz up the benefit section while you're at it.

### Pharma Companies Get Caught

The trick, of course, is to make sure that the edits are not traceable back to the pharmaceutical company. That would be bad. In fact, at least two pharmaceutical companies—Astrazeneca and Abbott Laboratories—have been caught making favorable edits to Wikipedia entries about their products. And that's only the companies beginning with the letter "A!"

According to Patients Not Patents, a group that "challenges the validity of medical patents before the United States Patent and Trademark Office," Abbott Laboratories is a serial Wikipedia tamperer (for more on this, listen to a [podcast conversation with Jeffrey Light](#), Chairman, Patients not Patents).

The group claims that in July of 2007, a computer at Abbott Laboratories' Chicago office was used to delete a reference to a Mayo Clinic study that revealed that patients taking the arthritis drug Humira faced triple the risk of developing certain kinds of cancers and twice the risk of developing serious infections.

In August, a researcher at the California Institute of Technology, said references to claims that Seroquel, a drug developed by AstraZeneca, which allegedly made teenagers "more likely to think about harming or killing themselves" were deleted by a user of a computer registered to Astrazeneca, the drug company that developed and markets Seroquel.

In both cases, a web-based program called WikiScanner was used to identify the IP addresses of computers used to alter Wikipedia articles. Organizations can be identified by the IP address assign to its computer network. Therefore, people with access to Astrzeneca's and Abbott's network made the edits in question. QED.

### The Secret to Perfect Execution of the Wikipedia Sleight-of-hand Edit

The secret to performing the "Wikipedia Sleight-of-Hand Edit" trick flawlessly is obvious now that two major drug companies have been caught doing it incorrectly:

- Terminate with extreme unction employees who edit Wikipedia articles using corporate computers! This will discourage other, novice employees from trying the trick without proper training and oversight.
- Corollary: DO NOT USE CORPORATE COMPUTERS TO MAKE EDITS TO WIKIPEDIA.
- Rephrase: Set up a "stealth" Wikipedia editing computer that uses a dynamic IP address assigned by a public network.
- Ideal Option: Use a proxy server to hide the IP address. TIP: Ask prospective vendors to explain what a "proxy server" is and how to set one up. Hire the one with the most plausible answer.



### Trick #4: YouTube "Consumer-Generated" Video

The "YouTube 'Consumer-Generated' Video" trick is the most awesome trick of all! Expect to see this trick performed often in the near future.

Mastering this trick is important because YouTube is an incredibly popular site that offers unmatched viral marketing opportunities. Anyone can upload videos to YouTube, including you (hence, "you tube"—DUH)! People can embed YouTube videos into their blogs or send them by email to their friends. They can submit comments about videos, rank them, and add them to their favorites list, which increases the visibility of videos in searches. Oh yeah, your competitors, critics, and disgruntled employees can also upload videos mocking your product and/or company. You've got to counteract that!

There are several different ways to execute the "YouTube 'Consumer-Generated' Video" trick. The main idea is make sure the video looks like an amateur did it even though it was created by a professional. If you can actually have an amateur create the video, so much the better. In fact, that's exactly what Novartis Vaccines and Diagnostics—a division of Novartis Pharmaceuticals—has done in its attempt a perfect execution of this trick.

Back in January, 2007, I suggested this trick in a post I made to Pharma Marketing Blog:

"Maybe you've seen the 'Bus Uncle' YouTube clip from Hong Kong? If not, see it here. Here is a guy under 'pressure' ranting on a bus—all of it captured in a cell phone video. There must be a drug to treat

*Continues...*

his rage—let's say its an anti-depressant. Couldn't part of the 'Bus Uncle' video be mashed into an ad for that drug? And in addition to or instead of running it on TV, it is submitted to YouTube?

"Better yet, run a contest for consumers to submit their own videos illustrating symptoms of depression and select a few to insert into different versions of the commercial, which you submit to YouTube. Air on national TV the one that gets the highest rating or views on YouTube and pay the winner a bundle of bucks! (I don't believe in working for nothing.)

"It's doable because it involves the 'authentic voices' of consumers yet allows advertisers to maintain control over the important (branded) content. The possibilities are endless. Hey, it could happen!" And happen it did!

### Perfect Execution of the YouTube "Consumer-Generated" Video Trick

Imagine my surprise when I learned that Novartis was sponsoring a contest (FluFlix) that entices young people over 18 years of age to submit videos to YouTube that show how they "feel about influenza, commonly known as the flu, and how it can affect [their] everyday [lives]." Novartis markets Fluvirin, a flu vaccine, which is aggressively being stockpiled in the US in preparation for the upcoming flu season.

"To enter," says the Novartis sponsorship blurb, "create a short video that shows the seriousness of getting the flu, how it spreads, and why you should talk to your doctor about getting an influenza vaccination...The winning video will be seen by adoring fans across the globe and you'll gain street cred as a bona fide contest winning filmmaker."

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**NOVARTIS**  
VACCINES

**Be a Star!**

Enter the **FluFlix** Video Contest

**Entry 5 of 11**

[FluFlix Video contest: Kids and the Flu.](#)  
00:41  
Added: September 16, 2007  
From: [lemire1387](#)  
Views: 1327

This is why adults and children should get your Influenza shot. Our family enjoyed making this video it was fun! My daughter loved acting in the video and she w([more](#))

Voting begins on October 27, 2007

In the meantime, [submit your own video!](#)

Other Entries

Go to entry:  of 11

Thumbnail	Title	Duration	From	Entry
	FluFlix Video contest: Kids and the Flu.	00:41	From: <a href="#">lemire1387</a>	Entry: 5
	FluFlix Video Contest: Call a Doctor	01:10	From: <a href="#">lemire1387</a>	Entry: 6
	FLUFLIX Video Contest-How to get the Flu	04:53	From: <a href="#">SalutationCorp</a>	Entry: 7
	Flu Exposure II	01:09	From: <a href="#">ChefJudith1</a>	Entry: 8
	Video Virus	02:24	From: <a href="#">natts</a>	Entry: 9

Figure 3: A Promising Entry in Novartis' FluFlix Video Contest. This video starts out cute with the sick kid in bed but then degenerates into flatulence and vomiting by the father sitting on the bowl. Ugh!

No only that, Novartis clearly intends to use clips from selected consumer videos in branded TV ads about Fluvirin. This is revealed within the "Official Contest Rules" and specifically within Rule #12 and Rule #15. Here's the relevant language:

Rule #12: "Each Entrant waives and renounces all intellectual property rights, privacy/publicity rights or other legal or moral rights that might preclude Sponsor's use of the Entry, and agrees not to sue or assert any claim against Sponsor for the use of the Entrant's Entry or Likeness or statements."

Rule #15: "[each entrant must] participate in interviews with Sponsor; permit Sponsor to use the Entrant's winning Entry, name, Likeness, hometown, voice, biographical information and excerpts from the interviews conducted with the Entrant...for purposes of advertising, promotion and publicity of Sponsor and its products."

Not only will Novartis own the rights to the winning videos, it will own the rights to ALL videos submitted for consideration. That is a perfect execution of the "YouTube 'Consumer-Generated' Video" trick!

As of this writing, there are 16 entries. So far, I've haven't seen any that I would consider a winner. Some are just disgusting—too much farting, throwing up, mucous, etc. Many people are making the mistake of creating a commercial complete with the Novartis logo. One video shows a guy getting a flu shot from a sexy woman doctor showing lots of cleavage.

This kind of pandering surely is not what Novartis is looking for. They would want to handle the benefit part of any ad as well as product shots and logos.

#### Where to Now?

The "tricks" discussed in this article barely scratch the surface of what pharmaceutical marketers are doing to engage consumers through Web 2.0 applications. Hopefully, those of you who are thinking of delving into the magic of Web 2.0 will take heed and practice safe trickery as outlined in this article. Obviously, some of the techniques discussed either push the envelope of acceptability or are downright no-nos. But others—especially the YouTube CGC Video trick, if done right, are not tricks at all, but legitimate means of engaging consumers.

At the end of my presentation in Philadelphia, I was asked by an attendee, "What do you want us to do?" My response was "establish some industry guidelines for marketing on the Internet." That is, instead of relying on "common practice," which varies from company to company, establish "best practices" that every company abides by. Level the playing field at least.

In lieu of that, my final word of advice is: Be careful out there! Web 2.0 is the new WILD, WILD WEST of the Internet. It's *deja vu* all over again!

Pharma Marketing News

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## Resources

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The following resources were used in the preparation of articles for this issue.

- Government Accounting Office (GAO) report to Congress: "**Prescription Drugs - Improvements Needed in FDA's Oversight of Direct-to-Consumer Advertising.**"  
<http://www.gao.gov/new.items/d0754.pdf>

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