

SOUTH DAKOTA DENTAL ASSOCIATION

NEWSLETTER: Dentistry in South Dakota

GENERAL ADVERTISING - PER ISSUE

	One Time	Two Times	Three Times	Annual Contract
Full Page (7 1/4" x 9 5/8")	\$610.00	\$582.00	\$564.00	\$546.00
1/2 Page (7 1/4" x 4 3/4")	\$330.00	\$312.00	\$294.00	\$276.00
1/4 Page (7 1/4" x 2 1/4")	\$165.00	\$156.00	\$147.00	\$138.00

SDDA allows, but does not pay, a 15% agency commission on display advertising placed by bona fide agencies. The agency will be invoiced and payment must be made within 30 days of the original invoice.

INSERTS

Cash with copy unless contract is signed identifying number of times ad is to run. Advertiser will be invoiced for each issue for cost of that issue's advertising.

MECHANICAL REQUIREMENTS

High resolution PDF or 300 dpi, 1/8" bleed .jpeg or .tiff, cmyk

CLASSIFIED ADVERTISING - PER ISSUE

\$10.00 per 35 words or less, \$.20 for each additional word, per issue. Submit to the SDDA by the 15th of the month.

TERMS OF PAYMENT

Cash with copy unless contract is signed identifying number of times ad is to run. Advertiser will be invoiced for each issue for cost of that issue's advertising.

CLOSING DATES & CANCELLATIONS

February 15, May 15, August 15, November 15
Cancellations are not accepted after closing date.

PUBLICATION DATES & CIRCULATION

Quarterly issues, published March, June, September & December.
650 circulation to members of the SDDA and other subscribers.

All copy subject to approval of the South Dakota Dental Association. The right is reserved by the SDDA to modify or exclude advertising which may be considered questionable or unethical.

It is understood that previous copy is to be repeated when new copy is not received by closing date.

ADVERTISING AGREEMENT with the SOUTH DAKOTA DENTAL ASSOCIATION

Ad Type (*please circle one*): General Advertising Classified Ad

Ad size for general ad (*please circle one*): Full page Half page Quarter page

Desired issues: All or (*please circle one*): Spring (March) Summer (June) Fall (September) Winter (December)

The party agrees to the ad above by signing below.

(Date)

(Company)

(Contact name)

Forward copy to: Mr. Paul Knecht, Editor
South Dakota Dental Association
PO Box 1194
Pierre, SD 57501
Fax: 605-224-9168
E-mail: paul@sddental.org

(Billing address)

(City)

(State)

(Zip)

(Phone Number or e-mail)