

2008 DCDS CONNECTION Ad Rates

An official publication of the Dallas County Dental Society

Publication Circulation	1300+
Publication Frequency	6 Times Per Year (Bi-Monthly) (Jan/Feb, Mar/Apr, May/June, Jul/Aug, Sep/Oct, Nov/Dec)
Closing Date	15th of the Month Prior to the Month of Publication
Agency Discounts	No Commissions, No Discounts. Advertising Rates Are Net.
Contact	Paula McDearmon 972-386-5741, Extension 227 • paula@dcds.org

PUBLISHER **DALLAS COUNTY DENTAL SOCIETY**
13633 Omega Road
Dallas, TX 75244

PAYMENT **PAYMENT IN ADVANCE IS REQUIRED FOR FIRST AD PLACED.**
Second ad and thereafter, advertiser will be automatically billed.

DISPLAY AD SIZE RATE PER INSERTION	(W x H /INCHES)	1X RATE	3X RATE	6X RATE
Full Page	8.0" x 10.0"	600.00	550.00	500.00
1/2 Page Vertical	5.0" x 8.0"	320.00	290.00	275.00
1/2 Page Horizontal	8.0" x 5.0"	320.00	290.00	275.00
1/3 Page Vertical	2.5" x 10.0"	220.00	200.00	180.00
1/3 Page Square	5.0" x 5.0"	220.00	200.00	180.00
1/6 Page Vertical	2.5" x 5.0"	120.00	110.00	100.00

DISPLAY AD SPECIFICATIONS

- PC Electronic Files Only (CD OR E-MAIL. EPS, High Res JPG or Acrobat 5.0, TIFF or Quark 6.5 Formats)
- Non-Bleed
- Black Ink
- Publication Size: 8 1/2" X 11"
- 2nd Color is Available at Additional Charge (Only as 2nd Color of Publication)
- E-mail paula@dcds.org for Additional Information on Ad Production

CLASSIFIED AD SIZE RATE PER INSERTION	1X RATE	3X RATE	6X RATE
Under 40 Words DCDS Member	20.00	18.00	16.00
Under 40 Words Non-Member	40.00	35.00	33.00
40-60 Words DCDS Member	40.00	35.00	33.00
40-60 Words NON-Member	80.00	70.00	65.00
Over 60 Words DCDS Member	80.00	70.00	65.00
Over 60 Words NON-Member	160.00	140.00	130.00

**** ALL ADVERTISING RATES ARE SUBJECT TO CHANGE WITHOUT NOTICE ****

DCDS CONNECTION ADVERTISING AGREEMENT
Official Publication of the Dallas County Dental Society

I hereby agree to place an advertisement in DCDS CONNECTION, the official publication of the Dallas County Dental Society for _____ issues at the rate of \$ _____ per issue.

No agency commissions or discounts. Ad rates are net. All rates are subject to change upon renewal of advertising agreement.

Individual, Company or Advertising Agency

Contact Name

Street, City, State, Zip

PHONE _____ **FAX** _____ **CELL** _____

E-MAIL _____

AD SCHEDULE

Please reserve advertising space for the above in the following issue(s) of DCDS CONNECTION.

JAN/FEB 08 _____ MAR/APR 08 _____ MAY/JUN 08 _____ JUL/AUG 08 _____ SEPT/OCT 08 _____ NOV/DEC 08 _____

JAN/FEB 09 _____ MAR/APR 09 _____ MAY/JUN 09 _____ JUL/AUG 09 _____ SEPT/OCT 09 _____ NOV/DEC 09 _____

_____ **DISPLAY AD** (See ad specifications on rate sheet.) **AD SIZE** _____
New Ad _____ Ad Will Vary _____ Run Previous Ad _____

_____ **CLASSIFIED AD** (Send electronic copy to paula@dcds.org and attach ad copy to this form) Enclosed _____ Will Deliver by _____ (month/day/year)

THIS AGREEMENT MUST BE ACCOMPANIED BY PAYMENT IN ADVANCE FOR THE INITIAL ADVERTISEMENT. Any Additional Ads will be Invoiced to the Advertiser at the Time of Printing, Payable Upon Receipt. Any Discounts Due Will Be Deducted when Invoiced.

PAYMENT METHOD

\$ _____ which represents payment for advertising in DCDS Connection is enclosed.

Check # _____ MasterCard _____ Visa _____ American Express _____

Account # _____ Exp. Date _____

Your signature below indicates your approval for charges to your credit card account.

PRINT NAME _____

SIGNATURE _____ **Date** _____