

DC Dental Society Advertising Rates

Pricing for Electronic Newsletter Edition Ads:

Ad Type	Ad Size and Specs	Price
Full Page	4-color / 8.5" x 11" / 300 DPI	\$400
Half Page Horizontal	4 color / 7.5" x 4.75" / 300 DPI	\$250
Half Page Vertical	4-color / 4.25" x 11" / 300 DPI	\$250
Quarter Page	4-color / 3.875" x 5" / 300 DPI	\$200

Pricing for Newsletter Classified Ads:

	DCDS Members	Non-Profit Organizations	Non-Members
First 50 Words	\$30	\$50	\$100

2016 Newsletter Schedule:

Please note that this schedule is subject to change and all editions are electronic only

Edition	Ads Due to the Society	Distribution Date
January	December 30, 2015	January 6, 2016
February	January 27, 2016	February 3, 2016
March	February 24, 2016	March 2, 2016
April	March 30, 2016	April 6, 2016
May	April 27, 2016	May 4, 2016
June	May 25, 2016	June 1, 2016
July	June 29, 2016	July 6, 2016
August	July 27, 2016	August 3, 2016
September	August 31, 2016	September 7, 2016
October	September 28, 2016	October 5, 2016
November	October 26, 2016	November 2, 2016
December	November 30, 2016	December 7, 2016



District of Columbia
DENTAL SOCIETY

Company: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Rate Information:

Rate Type:	<input type="checkbox"/> Member	<input type="checkbox"/> Non-Member	<input type="checkbox"/> Non-Profit Organization		
Ad Type:	<input type="checkbox"/> Full Page	<input type="checkbox"/> ½ Page Horizontal	<input type="checkbox"/> ½ Page Vertical	<input type="checkbox"/> ¼ Page	<input type="checkbox"/> Classified
Frequency:	<input type="checkbox"/> 1 issue		<input type="checkbox"/> Multiple Issues		

Newsletter Edition(s) You Would Like to Advertise In:

- | | | |
|-----------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> May | <input type="checkbox"/> September |
| <input type="checkbox"/> February | <input type="checkbox"/> June | <input type="checkbox"/> October |
| <input type="checkbox"/> March | <input type="checkbox"/> July | <input type="checkbox"/> November |
| <input type="checkbox"/> April | <input type="checkbox"/> August | <input type="checkbox"/> December |

Payment Information:

- Check: Make payable to DC Dental Society, Dept 3013, Washington, DC 20042-3013
- Credit Card: Upon receipt of this form, DC Dental Society will email an invoice to the main contact for payment

Signature: _____



Additional Information:

Payment Instructions:

- Please send back a signed contract to info@dcdental.org and staff will contact you to obtain your payment information

Payment and Advertisement Submission Deadlines:

- Payment and Display/Classified ads must be sent no later than the first month preceding publication

Additional Information:

- Please note that a request for an advertising agreement does not guarantee that an ad will run
- Advertisements are run on a first come, first serve basis according to when each advertising agreement is received
- The DCDS Newsletter only accepts electronic artwork in PDF, JPG/JPEG and TIF formats