

2009 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/Jun, Jul/Aug, Sep/Oct, Nov/Dec)
Closing Date	2 nd Friday 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.

<u>DISPLAY AD</u>	(W x H/ INCHES)	1XRATE	3XRATE	6X RATE
SIZE and RATE PER INSERTION				
Full Page	8.0" x 9.75"	690.00	640.00	590.00
1/2 Page Horizontal	8.0" x 4.75"	370.00	340.00	325.00
1/4 Page	3.875" x 4.75"	210.00	190.00	170.00

DISPLAY AD SPECIFICATIONS

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

<u>CLASSIFIED AD</u>	1X RATE	3X RATE	6X RATE
SIZE and RATE PER INSERTION			
Under 40 Words DCDS Member	25.00	23.00	21.00
Under 40 Words Non-Member	45.00	40.00	38.00
40-60 Words DCDS Member	45.00	40.00	38.00
40-60 Words NON-Member	85.00	75.00	70.00
Over 60 Words DCDS Member	85.00	75.00	70.00
Over 60 Words NON-Member	165.00	145.00	135.00

- E-mail paula@dcds.org with classified ad text

**** 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 advertising rates are subject to change without notice.

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

JAN/FEB 10 _____ MAR/APR 10 _____ MAY/JUN 10 _____ JUL/AUG 10 _____ SEPT/OCT 10 _____ NOV/DEC 10 _____

_____ **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** _____