



## **MAINE DENTAL ASSOCIATION**

**PO Box 215, Manchester, ME 04351**

**Phone: (207) 622-7900 Fax: (207) 622-6210**

**E-mail: Therese Cahill at [tcahill@medental.org](mailto:tcahill@medental.org)**



## **Advertising Rates and Information**

### **MDA Advertising Standards**

The Maine Dental Association welcomes advertising as a means of keeping members informed of products and services. Publication of an advertisement is not to be interpreted as an endorsement by the MDA unless specifically stated. The MDA reserves the right to accept or reject advertising at its sole discretion.

### **Production and General Information**

#### **Printing Requirements:**

The *MDA News* is a quarterly publication, printed in full color. The size is 8.5 inches by 11 inches, and is typically 16 or 20 pages. You may submit ads by e-mail in PDF or JPG form. All ads will be in color. Costs are listed on the Insertion Order (next page).

#### **Deadlines:**

The *MDA News* is published and mailed quarterly, with a winter, spring, summer and fall edition. All copy must be received and paid for prior to printing. All copy must be received by January 1 for the winter issue, April 1 for the spring issue, July 1 for the summer issue, or October 1 for the fall issue. Cancellation of an insertion must be made within seven days of submission deadline. A \$50 processing fee will be charged. No refunds will be made after the submission deadline for ads in the current issue. If you have paid for multiple insertions, refunds for the remaining ads will be made.

#### **Commissions:**

As a professional association, the MDA will not pay commissions on any placements. No cash discounts apply.

#### **Liability:**

The *MDA News* shall have no liability of any kind to the advertiser on account of errors on any advertisement published. The MDA, at its discretion, may afford to the advertiser, without charge, advertising space equal to the amount in error only.

#### **Payment:**

Advertising will not be inserted without an Insertion Order and pre-payment of the contract term. If you have questions, contact Therese Cahill, Executive Director at the MDA at (207) 622-7900 or [tcahill@medental.org](mailto:tcahill@medental.org).



# MDA NEWS Insertion Order

**All ads are in full color - dimensions are width X height**

Size	Dimensions	Cost	Cost (10% discount)
		1-3 Placements	4 Placements
Full page	7.5 in X 9.875 in	\$ 950.00 each	\$ 3,420.00
Half page	7.5 in X 4.875 in	\$ 500.00 each	\$ 1,800.00
Third page	4.875 in X 4.875 in or 7.5 in X 3.1875 in	\$ 350.00 each	\$ 1,260.00
Quarter page	3.625 in X 4.75 in	\$ 250.00 each	\$ 900.00

**Multiple placement insertions must be paid in full prior to first month of publication.**

<b>Number of Insertions requested:</b>	#	<b>Size</b>	<input type="checkbox"/> Full <input type="checkbox"/> Half <input type="checkbox"/> Third <input type="checkbox"/> Quarter
<b>Issue:</b>	<input type="checkbox"/> Winter (due Jan 1) <input type="checkbox"/> Spring (due Apr 1) <input type="checkbox"/> Summer (due Jul 1) <input type="checkbox"/> Fall (due Oct 1)	<b>Copy Enclosed</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name</b>		<b>Email</b>	
<b>Address</b>			
<b>Phone</b>		<b>Contact person</b>	
<b>Authorized signature</b>			
<b>Title</b>			
<b>Amount enclosed</b>	\$	<b>Comments:</b>	

**Send payment to:** Maine Dental Association, PO Box 215, Manchester, ME 04351, or send by fax or email  
**Please make checks payable to** Maine Dental Association **or complete credit card form** and enclose with insertion order.

**Email ad copy to** Therese Cahill, Executive Director, at [tcahill@medental.org](mailto:tcahill@medental.org).

Maine Dental Association

*Please Print Clearly*

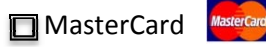
Your Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address on Card: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_



Card #:

Security Code: \_\_\_\_\_ (3 digits on back of card)

Exp. Date: \_\_\_\_\_  
Month Year

Amount \$ \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Disclaimer: A \$50.00 fee will be added to payment if provided information does not match credit card information on file with credit card company and has to be resubmitted to credit card company. By signing above you agree to these terms and conditions.

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|--------------|--------------------|-------------------------|-------------|
| Advocacy     | Annual Convention  | Charitable Foundation   | Dues        |
| Exhibitor    | Individual CE      | NewsJournal Advertising | PAC         |
| Package Plan | Roster Advertising | Sponsorship             | Other _____ |
| CNA          |                    |                         |             |