



MAINE DENTAL ASSOCIATION  
PO Box 215, Manchester, ME 04351  
Telephone: (207) 622-7900  
E-mail: [lknowles@medental.org](mailto:lknowles@medental.org)

### ***MDA News***

## **Advertising Rates and Information**

### **MDA Advertising Standards**

The MDA 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 *OFCPews* is a quarterly publication, printed in full color. The size is 11" by 11" and is typically 16 pages. You may submit ads by e-mail to [lknowles@medental.org](mailto:lknowles@medental.org). All ads will be in color. Costs are listed on the Insertion Order (next page).

#### **Deadlines:**

The *OFCPews* 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 winter issue, April 1 for spring issue, July 1 for summer issue, or October 1 for 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 *OFCPews* shall have no liability of any kind to the advertiser on account of errors on any advertisement published. The MDA, in 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 any questions, contact Lucas at the MDA -- 207-622-7900 or [lknowles@medental.com](mailto:lknowles@medental.com).

## **MAINE DENTAL ASSOCIATION**

29 Association Drive, PO Box 215, Manchester, Maine 04351  
P: 207-622-7900 F: 207-622-6210 Website: [www.medental.org](http://www.medental.org)

# Insertion Order for the MDA *News*

Effective September 2014

All ads are in full color

Size	Dimensions	Cost	Cost (10% discount)
		1-3 Placements	4 Placements
Full page	7 1/2" X 9 7/8"	\$ 900.00 each	\$ 3240.00
Half page	7 1/2" X 4 7/8"	\$ 450.00 each	\$ 1620.00
Third page	4 7/8" X 4 7/8" or 7 1/2" X 3 3/16"	\$ 300.00 each	\$ 1080.00
Quarter page	3 5/8" X 4 3/4"	\$ 225.00 each	\$ 810.00

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

Number of Insertions requested:	#	Size	<input type="checkbox"/> Full <input type="checkbox"/> Half <input type="checkbox"/> Third <input type="checkbox"/> Quarter
Issue:	<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)	Copy Enclosed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name		Email	
Address			
Phone		Contact person	
Authorized signature			
Title			
Amount enclosed	\$	Comments:	

**Send payment to:** Maine Dental Association, PO Box 215, Manchester, ME 04351

**Please make checks payable to:** Maine Dental Association or **complete credit card form** and enclose with insertion order.

Email **ad copy** to Lucas at [lknowles@medental.org](mailto:lknowles@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          |                    |                         |             |