

# Classified Listings for *MDA News*

(Printed *MDA News*)

The Maine Dental Association offers classified listings in the quarterly *MDA News*.

Listings of up to 50 words are \$50 per insertion. Each additional word costs \$.50.

All copy for the printed *MDA News* 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.

**Send listing and payment to:** Maine Dental Association, PO Box 215, Manchester, ME 04351; (207) 622-6210 (fax); or lknowles@medental.org (email)

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

*Please type or print clearly.*

Contact Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Listing content:

The Maine Dental Association reserves the right to edit listings at its discretion.

Issue(s) requested

Winter (due Jan 1)     Spring (due Apr 1)

Summer (due Jul 1)     Fall (due Oct 1)

*MDA News*

# words \_\_\_\_\_

Amount enclosed \_\_\_\_\_

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          |                    |                         |             |