

## Classified Listings for Member Dentists

*(Printed MDA News & Website Listing)*

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

**Listings of up to 50 words are free of charge to member dentists. Each additional word costs \$.25.**

Listings will run in one quarterly issue of the *MDA News* and for three months on the MDA website. Please contact the MDA Office to cancel your listing prior to requested run. If you wish to continue your listing, contact the MDA office, and if there are changes, resubmit the listing in writing by mail, fax, or email.

MDA members may also purchase a boxed listing (printed *MDA News* only) with larger type and prominent placement for a **reduced fee**.

1 placement - \$50    2-3 placements - \$45 each    4 placements - \$40 each

Payment must accompany listing.

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. Classifieds for website only can be requested at any time.

**Mail your listing to:**

Or **email to:** [tcahill@medental.org](mailto:tcahill@medental.org)

Maine Dental Association, PO Box 215  
Manchester, ME 04351

*Please type or print clearly.*

Name:

Office Address:

Listing content:

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

☐ **FREE LISTING** — Choose one or both.

☐ Mailed *MDA News*

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

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

☐ Website listing

Start date: \_\_\_\_\_

End date: \_\_\_\_\_

☐ **BOXED LISTING FOR FEE** *(Printed MDA News only)*

☐ 1 placement - \$50

☐ 2-3 placements - \$45 each

☐ 4 placements - \$40 each

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

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

\_\_\_\_\_ (number of placements) \$ \_\_\_\_\_ Amount enclosed



## CREDIT CARD AUTHORIZATION

By signing this form, you give us permission to charge your credit card for the amount indicated below.

I, \_\_\_\_\_ (Cardholder), authorize Maine Dental Association (Merchant) to charge my credit card (as indicated below) for \$ \_\_\_\_\_.  
The payment is for the following: \_\_\_\_\_

### BILLING INFORMATION

Billing Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### CREDIT CARD INFORMATION

Card Type: ☐ Mastercard | ☐ VISA | ☐ Discover | ☐ AMEX | ☐ Other \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Card Number (#): \_\_\_\_\_

Expiration: \_\_\_\_\_ (mm/yy) CVV: \_\_\_\_\_ Cardholder ZIP: \_\_\_\_\_

### CARDHOLDER SIGNATURE

I authorize the above named merchant to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one (1) use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

**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.

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

Printed Name: \_\_\_\_\_

Internal Use Only  
Received By: \_\_\_\_\_  
Date: \_\_\_\_\_