

Quarterly Publication: 4 issues per year

THE MOUTHPIECE NEWSLETTER

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Circulation: ~675 Members ~155 Non-Members ~100% of dentists practicing in San Mateo County PLEASE CHECK APPROPRIATE BOXES [] TO INDICATE DESIRED AD SIZE AND FREQUENCY [] 4 issues over 12 months pre-paid for a 15% discount [] Spring issue deadline March 1 [] Fall issue deadline Sept 1 [] Summer issue deadline June 1 [] Winter issue deadline Dec 1 [] 1/8 PAGE [] 1/4 PAGE HORIZONTAL 3.625 w x 2.3125 h 7.5 w x 2.3125 h \$255 7.5 w x 1.156 h 4 issues pre-paid @ \$215 = \$140 \$860 4 issues pre-paid @ \$119 = \$476 [] FULL PAGE [] 1/2 PAGE VERTICAL 7.5 w x 10 h \$785 3.625 w x 10 h 15% DISCOUNT FOR \$370 [] 3/8 PAGE 4 issues pre-paid @ \$667 = 4 issues pre-paid 3.625 w x 7.4375 h \$2,668 @ \$315 = 7.5 w x 3.7187 h \$1,260 \$312 [] 1/4 PAGE VERTICAL [] 1/2 PAGE HORIZONTAL 4 issues pre-paid 3.625 w x 4.875 h 7.5 w x 4.875 h \$255 @ \$265 = \$370 \$1,060 4 issues pre-paid 4 issues pre-paid @ \$315 = @ \$215 = \$1,260 \$860 Please submit camera-ready art by email to: info@smcds.com in one of the following formats: high-quality pdf (300 dpi) or eps digital format. For technical questions, please contact our designer directly: info@smcds.com **Prepaid** 4-issue display advertiser's discounted rate for Listing in Calculate total due, complete, and return your order with payment info to: info@smcds.com or fax 650.649.2980 Make payment to San Mateo County Dental Society Company ____ [] Check attached [] MasterCard [] Visa Amt \$_ Street Address Card Exp City, ST Zip Name on Card Signature _____ email email receipt to _____ Placement Authorized by: _____