

Monthly Publication: 12 issues per year All advertising subject to SMCDS Advertising Policies
Circulation: ~675 Members ~77% of dentists practicing in San Mateo County

PLEASE CHECK APPROPRIATE BOXES [] TO INDICATE AD TYPE AND DESIRED ISSUE/S

CALCULATE TOTAL AFTER APPLYING APPROPRIATE DISCOUNT/S FOR ISSUES PREPAID IN 12-MONTH PERIOD

15% DISCOUNT FOR 4 ISSUES PREPAID IN 12-MONTH PERIOD 30% DISCOUNT FOR 8 ISSUES PREPAID IN 12-MONTH PERIOD

50% DISCOUNT FOR 12 ISSUES PREPAID IN 12-MONTH PERIOD +20% DISCOUNT FOR SMCDS MEMBERS

Body Text Ad @\$125	2018 Issues	Sidebar Logo Badge @\$75
[]	January	[]
[]	February	[]
[]	March	[]
[]	April	[]
[]	May	[]
[]	June	[]
[]	July	[]
[]	August	[]
[]	September	[]
[]	October	[]
[]	November	[]
[]	December	[]
[] @ \$125 = \$_____	Total per Ad Type	[] @ \$75 = \$_____

USE THIS SPACE TO CALCULATE AMOUNT DUE	
Total number of issues prepaid	
Qualifying discount amount	%
+20% discount IF you are SMCDS mbr	%
TOTAL discount to apply	%
Undiscounted amount due for ads	\$
LESS ___% discount	-
Discounted amount due for ads	\$
12-mo Discounted Website Prof Svcs Directory Listing @ \$200	\$
TOTAL AMOUNT DUE	\$
Ad Submission Deadline 25th of Month Preceding Desired Issue	

NEXT STEPS FOR BODY TEXT AD:

1. Provide eye-catching artwork in jpg format (to be linked to detailed item / event description and/or registration)
2. Provide a digital text link for additional information or viewer registration/interaction
3. Provide information* for item being promoted, as demonstrated in the example below

Community Outreach



*Event/Promotion "Headline" **Sonrisas / Apple Tree Dental Center Fundraiser: Cooking for A Cause**

*Event/Promotion details **Thursday, April 28 ■ 6-9 PM ■ Mavericks Event Center ■ Half Moon Bay** [purchase tickets here](#)

*A couple of brief points about the event **Learn to make authentic vegetarian / chicken / seafood Paella ■ Cooking demonstration followed by dinner ■ wine, beer, raffle, prizes**

Calculate total due, complete, and return your order with payment info to: jim@smcnds.com or fax 650.649.2980

Company _____
Street Address _____
City, ST Zip _____
Phone _____
email _____
Placement _____
Authorized by: _____

Make payment to **San Mateo County Dental Society**

[] Check attached [] MasterCard [] Visa Amt \$ _____

Card # _____ Exp Date _____

Name on Card _____

Signature _____

email receipt to _____