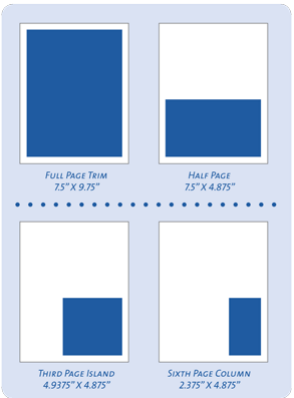
NEBRASKA DENTAL ASSOCIATION
2013 Display Advertisement Placement Order

Payment for display ads, along with this signed contract must be received prior to the publication.

AD SIZE:



CONTACT INFORMATION:

Company Name _____
Contact Person: _____
Address_____
City, State, Zip_____
Phone _____Fax: _____Email: _____
Signature: _____
Date: _____

ADVERTISING RATES:

Display Ad Rates

Size	1x BW	1x 4C	3x BW	3x 4C	6x BW	6x 4C
Full	$350	$525	$333	$500	$325	$488
Half	$250	$375	$238	$357	$225	$338
Third	$200	$300	$190	$285	$180	$270
Sixth	$175	$265	$166	$249	$158	$237

ISSUES TO RUN IN:

- ❑ JAN/FEB
- ❑ MARCH/APRIL
- ❑ MAY/JUNE
- ❑ JULY/AUG
- ❑ SEPT/OCT
- ❑ NOV/DEC

ART:

Electronic file or camera-ready art accepted. Electronic files may be submitted via e-mail or on a disk. The NDA currently accepts the following electronic file types: Quark Express, Microsoft Word, and Adobe Acrobat (PDF). When creating PDF files, please embed all fonts and graphics. When possible, please convert all Microsoft Office or word processing documents into pdf files. A printout must accompany all electronic files.

TERMS:

- Cancellations will not be accepted after the 25th of the month prior to scheduled publication date.
- All copy is subject to the approval of the Nebraska Dental Association. The advertiser herein also agrees to indemnify and defend the NDA from any and all liability for content of advertisements.
- All artwork needs to be in the hands of the NDA by the 15th of the month PRIOR to publication.

Payment Terms:

Ad Size: _____

Ad Rate: $_____ # of Times: _____

Ad Rate x # of Times = $_____

Total Due: $_____

Please fax or mail payment to:
Nebraska Dental Association
7160 South 29th Street, Suite 1
Lincoln, Nebraska, 68516
402-476-2641 (FAX)

Credit Card Type:

- ❑ VISA
- ❑ Mastercard
- ❑ Discover
- ❑ American Express

Exact Name on Credit Card:

_____

Credit Card # _____

Exp. Date: _____

Card Verification Number (CVN) (*3 digit number located on the back of card*) _____

Billing Address & Zip Code:

_____

_____

For further information contact:
Jody Cameron at the Nebraska Dental Association
7160 South 29th Street, Suite 1
Lincoln, NE. 68516
402-476-1704 (PHONE)
402-476-2641 (FAX)
jodycameron@windstream.net (EMAIL)
www.nedental.org (WEBSITE)