

2026 ANNUAL SESSION PROGRAM ADVERTISING





Please return this form with payment by mailing to the Nebraska Dental Association, 7160 South 29th Street, Suite 1, Lincoln, NE. 68510; faxing to 402-476-2641; or emailing to jody@nedental.org.

Advertising space in the 2026 Annual Session program is available to all exhibitors. Please refer to the sponsorship package to confirm the ad size included with your sponsorship level, if applicable.

Below are the ad specifications and rates. All ads must be camera-ready (PDF or jpg format) and submitted via email to jody@nedental.org.

Ads and payment are due by February 14, 2026

	Size of Ad	•		Cost \$425	
	Full Page:				
	1/2 Page:			\$300	
	1/4 Page:	2.125 wide x 3.6	525 high	\$175	
Company		Contact Name: _			
Address:					
City:		State:	Zip:		
Phone:	Email Address:				
Full Page @ \$425 per ad			1/4 Page @ \$175 per ad		
1/2 Page @ \$300 per ad			Complimentary Ad with Sponsorship		
Payment M	lethod:				
Payment in full m	ust accompany this form	<u>1.</u>			
Check enclosed made payable to: Nebraska Dental Association					
American Ex	xpress Discover Mastercard / VISA (please circle type)				
Credit Card # Exp. Date: Amount to be charged: \$					
Cardholder's Na	me:				
Billing Address:					

Signature: ___