

MSDA Newsletter Advertising Insertion Order Form ~ 2018



Maryland State Dental Association

Contact Information:

COMPANY _____
CONTACT _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ FAX _____
EMAIL _____

DO YOU (OR YOUR COMPANY) CURRENTLY RECEIVE A COPY OF THE MSDA NEWSLETTER? YES NO

Rate Information:

Active / Retired Member Associate / Affiliate Member Nonmember

Ad Rate: \$ _____ Total Amount Due: \$ _____

Payment Information:

Check* (made payable to MSDA) VISA MasterCard AMEX Discover
CARD NUMBER _____ EXP DATE _____
CARDHOLDER NAME _____ BILLING ZIP _____
CARDHOLDER SIGNATURE _____

***PLEASE NOTE: MSDA REQUIRES CREDIT CARD INFORMATION TO BE PROVIDED EVEN IF THE ADVERTISER IS PAYING BY CHECK.**

Ad Type:

Display Classified
(Display ad placement requests are not accepted other than for the back cover.)

Ad Frequency:

1-Issue Multiple-Issues*
*Mark the issues you would like your ad to run in.

Issue Choice:

Due Date

January 12/10
 February 1/10
 March 2/10
 April 3/10
 May 4/10
 June 5/10
 July 6/10
 August 7/10
 September 8/10
 October/November** 10/01
 December 11/10

DISPLAY ADS ONLY

Display Ad Size:

1/16 1/4
 1/8 horizontal 1/2 horizontal
 1/8 vertical 1/2 vertical
 Full Page Insert

Back Cover Placement:

I agree to pay an additional 30% of my display cost to run on the back cover

****The Oct/Nov issue is a combined issue.**

I understand that my ad will not run if payment and artwork is not received by the specified due date.

SIGNATURE _____
DATE _____

If payment is not received within 60 days of the invoice date, MSDA reserves the right to charge the ad fee to the credit card on file.

Classified Worksheet (6 WORDS PER LINE)

						30TH WORD

TOTAL WORDS _____

SEND CONTRACT & PAYMENT TO:
FatCat Studios, 2901 E Baltimore Street, 3rd Fl, Baltimore, MD 21224 | F 410.534.6700 | EMAIL MSDAads@aol.com