



SDDS BULLETIN

2017 ADVERTISEMENT AGREEMENT

About the SDDS BULLETIN

The SDDS BULLETIN is the official publication of the Second District Dental Society of New York. Established in 1915 and with a circulation of nearly 1600, it is published monthly except June/July and August/September, when it is published bi-monthly.

Advertising Policy

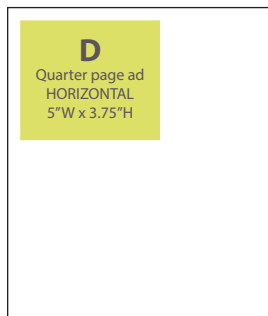
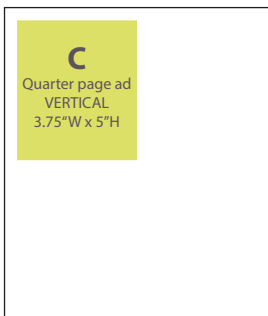
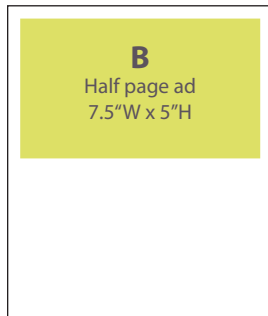
The SDDS BULLETIN reserves the exclusive right to alter or reject all materials submitted for publication, including advertisements. The opinions expressed in the SDDS BULLETIN are not necessarily those of the Second District Dental Society of New York.

Ad Submission Deadline

Issues close 6 weeks prior to publication month. All ad submissions MUST be received by close.

Ad Dimensions and Rates

The SDDS BULLETIN is set up in full color and page size is 8.5"W x 11"H. Ads can be placed horizontally or vertically. Location of ad placement is at the Editor's discretion.



Style Ad Rates

Sizes	1 - 3 issues (Price per issue)	4+ issues (Price per issue)
A. 7.5"W x 10"H	\$905.00	\$455.00
B. 7.5"W x 5"H	\$545.00	\$270.00
C. 3.75"W x 5"H	\$365.00	\$180.00
D. 5"W x 3.75"H	\$365.00	\$180.00

Classified Ad Rates

	1 - 3 issues (Price per issue)	4+ issues (Price per issue)
SDDS Members	\$55.00	\$30.00
Non-Members	\$105.00	\$55.00

Additional Notes

- Classified ads should be 25 words and/or 5 lines maximum.
- Further discounts: 10 issues = 10%; 5 or more issues = 5%.
- Display advertisers now receive free placement of a link to their advertisement in the publications section of the Second District Dental Society's website at www.sddsny.org. Please note that link will only remain on website for as long as ad appears in the SDDS Bulletin.

Ad Submission Instructions

- FULLY complete the form below.
- Return form to Second District Dental Society by deadline along with a print ready copy of ad.
- Display ads must be submitted as a press quality PDF and classified ads must be typed.
- Full payment for first-time advertisers must accompany all ad submissions.** All other advertisers will be billed for each ad subsequent to publication.

Ad space reservation form

I wish to place an advertisement in the SDDS BULLETIN in the style and rate I have circled above. The ad should be placed in the following issues (*check all that apply*):

- | | | |
|-----------------------------------|---|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> May | <input type="checkbox"/> November |
| <input type="checkbox"/> February | <input type="checkbox"/> June/July | <input type="checkbox"/> December |
| <input type="checkbox"/> March | <input type="checkbox"/> August/September | |
| <input type="checkbox"/> April | <input type="checkbox"/> October | |

Name of Firm (or dentist): _____

Website address: _____

Address: _____

Telephone: _____ Fax: _____

Contact Person: (print) _____

Auth. Signature: _____

Date: _____

Payment

Checks or money orders are the **only** accepted methods of payment. Make payable to **The Bulletin of the Second District Dental Society** and mail to the address below.

Correspondence

All correspondence should be addressed to:

The Editor, SDDS BULLETIN
 c/o The Second District Dental Society
 111 Fort Greene Place
 Brooklyn, NY 11217-1418
PHONE: (718) 522-3939 **FAX:** (718) 797-4335
E-MAIL: editor@sddsny.org