



SDDS BULLETIN

2025 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 1500, it is published bimonthly, six times a year.

Advertising Policy

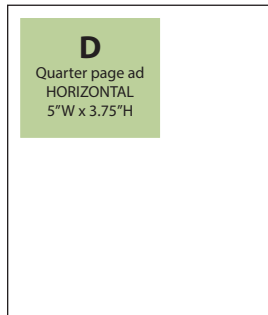
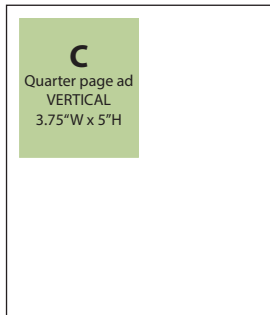
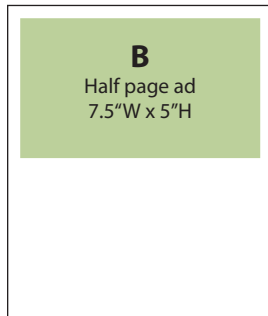
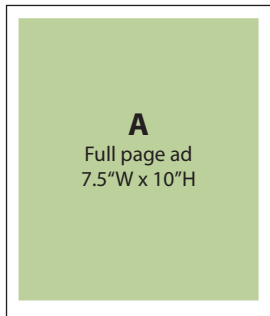
The SDDS BULLETIN reserves the exclusive right to alter or reject all materials submitted for publication, including advertisements. The opinions expressed in the SDDS BULLETIN are not necessarily those of the Second District Dental Society of New York.

Ad Submission Deadline

ALL ISSUES CLOSE ON THE STATED DEADLINE ON THE AD RESERVATION FORM. 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.**



Display Ad Rates

Sizes	1 - 2 issues (Price per issue)	3+ 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 - 2 issues (Price per issue)	3+ 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 for display ads: 6 issues = 10%
- Advertisers will receive free placement of 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.
- First-time advertisers (excluding SDDS members) must submit full payment with all ad submissions.** All other advertisers will be billed for each ad subsequent to publication.

Ad space reservation form

Indicate below the SDDS BULLETIN issues in which you would like your ad to appear (**CHECK ALL BOXES THAT APPLY. If running display ad, circle ad size desired**):

- January/February 2025 ***DEADLINE 12/6/24** July/August 2025 ***DEADLINE 5/23/25**
 March/April 2025 ***DEADLINE 1/24/25** September/October 2025 ***DEADLINE 7/25/25**
 May/June 2025 ***DEADLINE 3/21/25** November/December 2025 ***DEADLINE 9/26/25**

Name of Firm (or dentist): _____

Website address: _____

Address: _____

Telephone: _____ Fax: _____

Contact Person: (print) _____

Auth. Signature: _____

Date: _____

Payment

Checks and 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
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