



GENERAL ADVERTISING - PER ISSUE

	One Time	Two Times	Three Times	Annual Contract
Full Page (7 1/4" x 9 5/8")	\$700.00	\$670.00	\$640.00	\$610.00
1/2 Page (7 1/4" x 4 3/4")	\$380.00	\$360.00	\$340.00	\$320.00
1/4 Page (7 1/4" x 2 1/4")	\$190.00	\$180.00	\$170.00	\$160.00

SDDA allows, but does not pay, a 15% agency commission on display advertising placed by bona fide agencies. The agency will be invoiced and payment must be made within 30 days of the original invoice.

INSERTS

Cash with copy unless contract is signed identifying number of times ad is to run. Advertiser will be invoiced for each issue for cost of that issue's advertising.

MECHANICAL REQUIREMENTS

High resolution PDF or 300 dpi, 1/8" bleed .jpeg or .tiff, cmyk

CLASSIFIED ADVERTISING - PER ISSUE

SDDA Member Rates:

\$25.00 per 25 words or less, \$.25 for each additional word, per issue.*

Non-Member Rates:

\$50.00 per 25 words or less, \$.75 for each additional word, per issue.*

* Images in an ad will be an additional \$25.00 per image.

TERMS OF PAYMENT

Cash with copy unless contract is signed identifying number of times ad is to run. Advertiser will be invoiced for each issue for cost of that issue's advertising.

CLOSING DATES & CANCELLATIONS

February 15, May 15, August 15, November 15
 Cancellations are not accepted after closing date.

PUBLICATION DATES & CIRCULATION

Quarterly issues, published March, June, September & December.
 650 circulation to members of the SDDA and other subscribers.

All copy subject to approval of the South Dakota Dental Association. The right is reserved by the SDDA to modify or exclude advertising which may be considered questionable or unethical.

It is understood that previous copy is to be repeated when new copy is not received by closing date.

ADVERTISING AGREEMENT
 with the
SOUTH DAKOTA DENTAL ASSOCIATION

Ad Type (*please circle one*): General Advertising Classified Ad
 Ad size for general ad (*please circle one*): Full page Half page Quarter page
 Desired issues: All or (*please circle one*): Spring (March) Summer (June) Fall (September) Winter (December)

The party agrees to the ad above by signing below.

 (Date)

 (Company)

 (Contact name)

Forward copy to: South Dakota Dental Association
 804 N Euclid; Ste 103
 PO Box 1194
 Pierre, SD 57501
 Fax: 605-224-9168
 E-mail: tia@sddental.org

 (Billing address)

 (City) (State) (Zip)

 (Phone Number or e-mail)