## **SOUTH DAKOTA DENTAL ASSOCIATION**

**NEWSLETTER: Dentistry in South Dakota** 



## 2024 CONTRACT

| CENEDAL | ADVFRTISING - | DFD TSSHE |
|---------|---------------|-----------|

One Time Two Times Three Times Annual Contract Full Page (7 1/4" x 9 5/8") 1/2 Page (7 1/4" x 4 3/4") 1/4 Page (7 1/4" x 2 1/4") \$670.00 \$700.00 \$640.00 \$610.00 \$380.00 \$360.00 \$340.00 \$320.00 \$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 png or tiff 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 (must be paid in full prior to publication):

\$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 <i>(please circle one):</i> General Advertising | Classified A | ıa |
|---|--------------|----|
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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.

(Company)

(Contact name)

Forward copy to: South Dakota Dental Association

804 N Euclid; Ste 103

Pierre, SD 57501

(Billing address)

Phone: 605-224-9133 (City) (State) (Zip)
Fax: 605-224-9168

E-mail: tia@sddental.org (Phone Number or e-mail)