



**2024 BULLETIN
ADVERTISING AGREEMENT**

About the NCDS Bulletin

The NCDS Bulletin is the official publication of the Nassau County Dental Society of New York. Established in 1948, and with a circulation of nearly 1,500, it is published 3 times per year.

Advertising Policy

The NCDS Bulletin reserves the exclusive right to alter or reject all materials submitted by publication, including advertisements. The opinions expressed in the NCDS Bulletin are not necessarily those of the Nassau County Dental Society of New York.

Ad Submission Deadline

All ad submissions must be received by closing dates.

Ad Dimensions and Rates

The NCDS Bulletin is set up in black and white or 2-color printing. Page size is 8.5"W x 11"H. Ads can be placed horizontal or vertically. Location of ad placement is at the Editor's discretion.

Style Ad Rates

<u>Sizes</u>	<u>1x</u>	<u>2x</u>	<u>3x</u>
	<i>(pricing per issue)</i>		
Full-Page Ad 7.5" x 9.5"	\$550	\$500	\$450
Full-Page Advertorial* 7.5" x 9.5"	\$550	\$500	\$450
Half-Page Horizontal 7.5" x 4.5	\$350	\$315	\$295
Half-Page Vertical 3.5" x 9.5"	\$350	\$315	\$295
Quarter-Page 3.5" x 4.5"	\$300	\$250	\$225

* Minimum 700 words and maximum 900 words for advertorials. Payment must be received in full to qualify for the 2x or 3X discounted rates.

Covers

	<u>1x</u>	<u>2x</u>	<u>3x</u>
Inside Front	\$650	\$595	\$550
Inside Back	\$650	\$595	\$550
Back Cover*	\$675	\$625	\$600

*Special vertical size is 8" x 9.25"- space above ad is left for mailing indicia.

Payment must be received in full to qualify for the 2x or 3x discounted rates.

Classified Ads (Up to 40 Words; Includes One Email Blast)

Bulletin only: ADA Members \$95/ Non-Members \$195
 Website only: ADA Members \$95/ Non-Members \$195
 Bulletin AND Website: ADA Member \$130/ Non-Member \$275
 Additional Line: \$15 each additional 10 words or less.
 Additional email blast: \$40 for one additional send

Bulletin Subscription

Member Rate \$30 - included with Dues
 Non-Member Rate \$75 (Per Year - 3 issues)

I have enclosed a check for: \$ _____ (check No. _____) payable to Nassau County Dental Society

Charge my credit card for: \$ _____ MasterCard Visa American Express
 Card Number _____ Exp. Date _____ CCV _____
 Authorized Signature _____ Date _____

Return this completed form with payment to: Nassau County Dental Society, 377 Oak St., Suite 204, Garden City NY 11530
 Tel: (516) 227-1112 ♦ email: office@nassaudental.org (If emailing this form, you can fillout the form or call with credit card info.)

Mechanical Requirements of Bulletin

Trim Size: 8-1/2 x 11 inches

Acceptable Repro Material for all advertising

- PDF file of ad, to exact size, with accompanied hard copy to use as review

Ad Submission Instructions

- Fully complete this form.
- Return to the Nassau County Dental Society by deadline along with a print-ready copy of ad and payment.
- Display ads must be submitted as a press quality PDF and classified ads must be typed.

Ad Space Reservation Form

I wish to place an advertisement in the NCDS Bulletin in the size and rate I have indicated to the left. Please place my ad in the following issue(s) (check all that apply):

- Issue No. 1 (Jan/Feb/Mar/Apr)** Deadline April 1/Published May
- Issue No. 2 (May/Jun/Jul/Aug)** Deadline Aug. 1/Published Sept.
- Issue No. 3 (Sep/Oct/Nov/Dec)** Deadline Dec.1/Published Jan.

Name: _____

Email: _____

Address: _____

Phone: _____ Fax: _____

Contact Name: _____

Signature: _____

Date: _____

ADA Member? yes no