

# 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> Full-Page Ad 7.5" x 9.5" Full-Page Advertorial* 7.5" x 9.5" Half-Page Horizontal 7.5" x 4.5 Half-Page Vertical 3.5" x 9.5" Quarter-Page 3.5" x 4.5" * Minimum 700 words and maximu Payment must be received in full to discounted rates.	\$365 \$365 \$310 m 900 wc	\$525 \$525 \$330 \$330 \$260 ords for	\$475 \$475 \$310 \$310 \$235 advertor	(	in th plac app	ne size and ra ce my ad in th oly): Issue No. 1 Issue No. 2	ate I have indi ne following is (Jan/Feb/Ma (May/Jun/Ju	ent in the NCDS Bulle icated to the left. Ple isue(s) <i>(check all tha</i> ir/Apr) Deadline Apri I/Aug) Deadline Aug iv/Dec) Deadline Dea	ease it il 1/P g. 1/P
Covers1x2x3XInside Front\$675\$620\$575Inside Back\$675\$620\$575Back Cover*\$700\$650\$625*Special vertical size is 8" x 9.25"- space above ad is leftfor mailing indicia.Payment must be received in full to qualify for the 2x or3x discounted rates.					Name: Email: Address:				
Classified Ads (Up to 40 Words; Includes One Email Blast)Bulletin only:ADA Members \$95/ Non-Members \$195Website only:ADA Members \$95/ Non-Members \$195Bulletin AND Website:ADA Member \$130/ Non-Member \$275Additional Line:\$15 each additional 10 words or less.Additional email blast:\$40 for one additional send					Fax: Phone: Fax: Contact Name: Signature:				
<u>Bulletin Subscription</u> Member Rate \$30 - included with D Non-Member Rate \$75 (Per Year -		)				e: A Member?		no	
□ I have enclosed a check for:	\$		(che	eck No		) pay	able to Nassa	au County Dental Soc	ciety
Charge my credit card for: Card Number								-	
Authorized Signature							Date	e	

# **2025 BULLETIN** ADVERTISING AGREEMENT

## 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 ٠ quality PDF and classified ads must be typed.

# Ad Space Reservation Form

Deadline April 1/Published May

Deadline Aug. 1/Published Sept.

Deadline Dec.1/Published Jan.

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.)