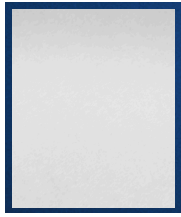




#### NEWSLETTER AD RATES & SIZES

Rates effective January 1 - December 31 annually.



**Full Page**  
(7 1/2 x 10)



**1/2 page hor.** (7 1/4 x 4 3/4)  
**1/2 page vert.** (4 3/4 x 7 1/4)



**1/4 page** (3 1/2 x 4 3/4)

SIZE	1 ISSUE	3 ISSUES	6 ISSUES
<b>Full Pg.</b>	\$825	\$775	\$725
<b>Half Pg.</b>	\$550	\$500	\$450
<b>1/4 Pg.</b>	\$375	\$325	\$275

Amounts above are **PER ISSUE** and reflect discounts for multiple placements.

#### SIZE

- ☐ Full Page  
☐ 1/2 Page (Hor.)  
☐ 1/2 Page (Vert.)  
☐ 1/4 Page  
☐ Inside Front Cover  
☐ Inside Back Cover

#### ISSUE(S)

- ☐ Jan.-Feb. ☐ Jul.-Aug.  
☐ Mar.-Apr. ☐ Sep.-Oct.  
☐ May-Jun. ☐ Nov.-Dec.

*Full page inside front/back cover  
**\$1,125 per issue.***

#### E-NEWS AD RATES & SIZES

To view a bulletin layout visual as well as additional specifications, [CLICK HERE](#).

SIZE	1 EMAIL	2 EMAILS	4 EMAILS
<b>Banner</b>	\$150	\$275	\$500
<b>Billboard</b>	\$280	\$540	\$1,000
<b>Rec. Text</b>	\$500	\$950	\$1,800
<b>Medium Rec.</b>	\$550	\$1,050	\$2,000

#### SIZE

- ☐ Banner ☐ Rec.Text  
☐ Billboard ☐ Medium Rec.

#### MONTH

- ☐ Jan. ☐ Feb. ☐ Mar.  
☐ Apr. ☐ May. ☐ Jun.  
☐ Jul. ☐ Aug. ☐ Sep.  
☐ Oct. ☐ Nov. ☐ Dec.

#### CONTACT INFORMATION

Company Name \_\_\_\_\_  
 Primary Contact \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Phone \_\_\_\_\_

#### PAYMENT METHOD

**Payment Method** (Check one): ☐ Credit Card ☐ Check  
 (Visa/Mastercard Only)

To pay via credit card, contact the TDA office at 615-628-0208.

Checks should be made payable to the Tennessee Dental Association.  
**Credit card payments by MasterCard or Visa only.**

#### ORDER DETAILS

Please use the field below to provide any details regarding your advertisement(s), including the number of ads, desired placements, or any other relevant information.

#### INVOICE & BILLING PROCESS

Once you have completed this form, please email it to Sara Borden, Marketing & Advocacy Communications Manager at [Sara@tndental.org](mailto:Sara@tndental.org). Upon receipt, an invoice will be generated and sent to you for approval. Billing will occur once the invoice is approved. A receipt will be sent to the email provided in the contact information section of this form. All advertising placed with the TDA is subject to review; TDA reserves the right to reject any ad copy. Payment for any ads are due within 30 days of invoice email and may be paid with check or credit card.

#### AUTHORIZATION

By signing this agreement I authorize the TDA to place this ad and am agreeing to the TDA Advertising Standards listed in the media kit. The TDA reserves the right to edit copy or reject any ad and does not assume liability for the contents of advertising. If applicable, I am authorizing the TDA to bill the credit card listed above and an adherence to payment via the card issuer's agreement.

**Signature** \_\_\_\_\_