

HOTLINE NEWSLETTER SPONSOR

Published 10 times a year. Circulation of over 550 to local dental offices in the Multnomah County-Portland area. It contains articles of interest to the dental community as well as information on society events.

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Ad Rates Per Issue

Check Size	Size (W x H)	1 Issue	2-5 Issues	6-10 Issues
<input type="checkbox"/>	Full Page 7.5 x 9.5	\$364	\$328	\$302
<input type="checkbox"/>	Half Page 7.5 x 4.75	\$217	\$200	\$181
<input type="checkbox"/>	Quarter Page 3.75 x 5	\$151	\$133	\$114
<input type="checkbox"/>	Small 3.75 x 2	\$72	\$66	\$60

Files:

Black and white ad. File format = Pdf.

Color Ad

Color ad spots are located on the inside and outside cover. Please inquire for availability. Cost = additional \$50 per issue.

Due Date:

New ads due the 10th of the month prior to publication date.
Example: January issue ads due December 10th.

Check Issues:

- | | |
|--|---|
| <input type="checkbox"/> January 20__ | <input type="checkbox"/> June/July 20__ |
| <input type="checkbox"/> February 20__ | <input type="checkbox"/> August 20__ |
| <input type="checkbox"/> March 20__ | <input type="checkbox"/> September 20__ |
| <input type="checkbox"/> April 20__ | <input type="checkbox"/> October 20__ |
| <input type="checkbox"/> May 20__ | <input type="checkbox"/> November/December 20__ |

Total Amount Owed: _____

Please Bill

Enclosed

Method of Payment:

Check

MasterCard

VISA

Credit Card Number: _____

Expiration Date: _____

Name of Advertiser: _____

Contact Person: _____

E-mail address: _____

Address: _____

City: _____

Zip Code: _____

Phone:(____) _____

Fax:(____) _____

Signature: _____

Date: _____

Additional Comments: _____