



2010-2011 Advertising Kit

Classified Advertising Order Form

Classified Advertisements may be placed in INSCRIPTIONS only, online only, or both! INSCRIPTIONS closing date for classified advertisements is one month prior to publication (for example, January issue closes December 1). Payment must accompany worksheet. AzDA does not invoice for classified advertisements. Ad(s) will be published in first available issue of INSCRIPTIONS, and cancellations cannot be guaranteed due to printing schedules. All copy is subject to review and approval by AzDA. **IMPORTANT: Advertiser is responsible for cancelling and renewing ads.**

Please Complete All 4 Sections - copy for additional ads - use one form per ad

Section 1 Check One Below:

Print or Type Ad in Space Below

- ___ For Sale or Lease (practices/real estate) _____
- ___ Dentists Wanted _____
- ___ Associate Positions _____
- ___ Dental Team Positions _____
- ___ Positions/Practices Wanted _____
- ___ Marketplace (items for sale) _____
- ___ Services (for vendors) _____
- ___ Events/Educational Opportunities _____

Section 2 CHECK ONE:

- INSCRIPTIONS and Online INSCRIPTIONS Only Online Only

PLEASE FILL IN:

___ Number of months your ad should run (*INSCRIPTIONS ad will appear in first available issue*)

INSCRIPTIONS does not invoice for classified ads.
 Payment must accompany order.
Pay in advance for 12 consecutive months and deduct 5% from total.
Credit cards are charged once per month and receipts are emailed.

Section 3 PRICE PER MONTH AzDA & ADA MEMBERS:

INSCRIPTIONS - First 30 words \$25.00, additional words 35 cents per word \$ _____/month
 Online - \$25.00 for up to 30 words \$ _____/month

PRICE PER MONTH NON-MEMBERS:

INSCRIPTIONS - First 30 words \$100.00, additional words \$1.00 per word \$ _____/month
 Online - \$50.00 for up to 30 words *Additional charges may apply for ads exceeding 30 words* \$ _____/month

Section 4 METHOD OF PAYMENT:

- Check # _____ Credit/Debit Card (AzDA accepts all major cards)

Name _____ ADA/AzDA Member # _____ Email _____
 Company _____ Street Address _____
 City-State-ZIP _____ Daytime Phone (_____) _____ Fax (_____) _____
 Credit/Debit Card Number _____ Exp _____ V-Code (*required*) _____
 PRINT Cardholder Name _____ Cardholder Signature _____
 Billing Address if different from above _____

Mail or Fax with Payment (U.S. Funds)
 Arizona Dental Association Attn: INSCRIPTIONS
 3193 N. Drinkwater Blvd. Scottsdale AZ 85251 Fax (480) 344-1442
Contact: Denise M. Rucci (480) 344-5777 ext. 314 or email Denise@AzDA.org
Copy for additional advertisements – use one form per ad