

CONTRACT FOR ADVERTISEMENT

MULTI-CULTURAL ORAL HEALTH SUMMIT

SOUVENIR CONFERENCE PROGRAM

Boca Raton Resort & Club, Boca Raton, Florida

JULY 20-24, 2012

ATTENTION: Multi-Cultural Oral Health Summit

c/o National Dental Association
 3517 16th Street, NW
 Washington, D.C. 20010
 Tel. 202.588.1697 • Fax 202.588.1244

	2 Color	4 Color Process	Black/White	Amount
Back cover	_____	\$4,500	-----	\$ _____
Inside back cover	\$3,200	\$3,700	-----	\$ _____
Inside front cover	\$3,200	\$3,700	-----	\$ _____
Center page	\$3,000	\$3,500	\$2,500	\$ _____
Full center fold	\$4,800	\$5,300	\$4,400	\$ _____
Full page	\$1,900	\$2,300	\$1,400	\$ _____
1/2 page - horizontal	\$1,700	\$2,000	\$1,000	\$ _____
1/2 page - vertical	\$ -----	\$ -----	\$1,000	\$ _____
1/4 page - vertical	\$ -----	\$ -----	\$ 800	\$ _____
			TOTAL	\$ _____

CONTRACT AND COPY REGULATIONS

All advertisements must be submitted according to the following specifications. Electronic files are preferred in the following formats: tiff, eps, jpg or pdf files that are press optimized, 2/C, cmyk or grayscale (no RGB files), minimum **300 dpi** with embedded fonts. Final trim size is 8.5"x11". **Full Page Ad with bleeds:** 8.75"x11.25", Live Area 8.25"x10.75". **Half Page with bleeds:** 8.75"x5.5", Live Area 8.25"x5". **Full Page Ad w/o bleeds:** 8.5"x11", Live Area 8"x10.5". **Half Page w/o bleeds:** 8.5"x5.375", Live Area 8"x4.875". The publisher reserves the right to reject any advertising which is not in keeping with the publication standards. The advertiser agrees to assume liability for all content (including text, representations, and illustrations) of advertisement printed. **Deadline for submission is May 11, 2012.**

ADVERTISING SPACE RESERVATION FORM

Name of Advertiser: _____

Address _____ City _____ State _____ Zip _____

Telephone (____) _____ Fax (____) _____

Email Address _____

Contact Person: _____ Title _____

PAYMENT ENCLOSED: Check Money Order Purchase Order # _____ TOTAL \$ _____

Amex Discover Visa MasterCard - Card Number _____ Exp. Date _____

Name as it appears on Card _____ Security Code _____

Signature _____

Check, money order, and/or purchase order must accompany the reservation form and camera-ready film or electronic file.
 Make check or money order payable to: National Dental Association. Email electronic files to lhenderson@ndaonline.org