



Sacramento District Dental Society Nugget Display Advertising



1/8 PAGE
3.625" w x 2.3125" h
Black & white \$175
Full color \$225

1/2 PAGE VERTICAL
3.625" w x 10" h
Black & white \$600
Full color \$700

1/4 PAGE VERTICAL
3.625" w x 4.875" h
Black & white \$325
Full color \$400

1/4 PAGE HORIZONTAL
7.5" w x 2.3125" h
Black & white \$325
Full color \$400

1/2 PAGE HORIZONTAL
7.5" w x 4.875" h
Black & white \$600
Full color \$700

FULL PAGE
7.5" w x 10" h (without bleed)
OR
8.5" w x 11" (with bleed)
please provide art at a minimum of 8.75" w x 11.25"
Black & white \$1000
Full color \$1200

Save 15% when you pay for one year in advance! • SDDS members receive a 5% discount on display ads!

LENGTH OF RUN & PAYMENT TYPE:

- Please run my ad for _____ issue(s).
- Please run my ad for _____ issues & charge my credit card (listed below) for this issue, but bill me for all other issues*.
- Please run my ad continuously until I contact you*, and charge my credit card (listed below).
- Please run my ad continuously until I contact you*, and bill me.

Stand out with PREFERRED PLACEMENT!

- Inside Front Cover — \$450 (+ cost of ad)
- Inside Back Cover — \$400 (+ cost of ad)
- Center Spread — \$750 (+ cost of ads)

AD SIZE: Center spread Full page 1/2 page (vertical) 1/2 page (horizontal) 3/8 page 1/4 page (vertical) 1/4 page (horizontal) 1/8 page

COMPANY: _____ CONTACT: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

AD TYPE/SIZE: _____ AMOUNT ENCLOSED: _____ PAYMENT TYPE: Check Visa MasterCard Please Bill Me

CREDIT CARD INFORMATION (fill out only if paying by credit card):

VISA MASTERCARD

CARD #: - - - EXP. DATE: / 3-DIGIT CODE:

Name on Card _____ Billing Address _____

X _____ Signature _____ Date _____

SEND COMPLETED FORM TO SDDS: 915 28th Street Sacramento, CA 95816 • 916.447.3818 fax • 916.446.1227 phone • www.sdds.org

* Payment &/or cancellations must be received by the first of the month preceding the issue (i.e. January 1st for the February issue). Please call Melissa Orth (916.446.6068 x3) with any questions.



Sacramento District Dental Society Nugget Classified Advertising


 Positions Wanted
 Employment Opportunities
 Professional Services
 Wanted to Buy
 Practices for Sale
 Equipment Needed
 For Lease
 Equipment for Sale
 Vacation Trade
 Sporting Event Trade

CLASSIFIED ADVERTISING

SDDS Members: \$45

Non-Members: \$75

up to 30 words • addl words at 50¢ per word

up to 30 words • addl words at \$1 per word

SDDS Members: As a member benefit, SDDS member dentists may run one (1) complimentary, professionally related classified ad (30 word maximum; additional words are billed at \$.50 per word) per calendar year, color not included. If the member wishes to continue advertising after the complimentary period has expired, the rates above will apply and will be billed accordingly.

All copy must be
submitted typed or
neatly printed **HERE:**



LENGTH OF RUN & PAYMENT TYPE:

- Please run my ad for _____ issue(s).
- Please run my ad for _____ issues & charge my credit card (listed below) for this issue, but bill me for all other issues*.
- Please run my ad continuously until I contact you*, and charge my credit card (listed below).
- Please run my ad continuously until I contact you*, and bill me.

COLOR (optional):

- For an extra \$10, please add (choose one color only):
- Pink
 - Orange
 - Green
 - Brown

to my: Headline Entire ad

COMPANY: _____ CONTACT: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

AD TYPE/SIZE: _____ AMOUNT ENCLOSED: _____ PAYMENT TYPE: Check Visa MasterCard Please Bill Me

CREDIT CARD INFORMATION (fill out only if paying by credit card):

VISA MASTERCARD Name on Card _____ Billing Address _____

CARD #: - - - EXP. DATE: / 3-DIGIT CODE:

X _____ Signature _____ Date _____

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