



2020 THE MOUTHPIECE NEWSLETTER
Display Advertising Placement / Renewal Order & Invoice

Quarterly Publication: 4 issues per year Circulation: ~675 Members ~155 Non-Members	All advertising subject to SMCDs Advertising Policies ~100% of dentists practicing in San Mateo County
--	---

PLEASE CHECK APPROPRIATE BOXES [] TO INDICATE DESIRED AD SIZE AND FREQUENCY

- 4 issues over 12 months pre-paid for a 15% discount
 Spring issue deadline March 1 Fall issue deadline Sept 1
 Summer issue deadline June 1 Winter issue deadline Dec 1

<input type="checkbox"/> 1/8 PAGE 3.625 w x 2.3125 h OR 7.5 w x 1.156 h \$140 4 issues pre-paid @ \$119 = \$476		<input type="checkbox"/> 1/4 PAGE HORIZONTAL 7.5 w x 2.3125 h \$255 4 issues pre-paid @ \$215 = \$860	
	<input type="checkbox"/> 3/8 PAGE 3.625 w x 7.4375 h OR 7.5 w x 3.7187 h \$312 4 issues pre-paid @ \$265 = \$1,060	<input type="checkbox"/> FULL PAGE 7.5 w x 10 h \$785 15% DISCOUNT FOR 4 issues pre-paid @ \$667 = \$2,668	<input type="checkbox"/> 1/2 PAGE VERTICAL 3.625 w x 10 h \$370 4 issues pre-paid @ \$315 = \$1,260
<input type="checkbox"/> 1/4 PAGE VERTICAL 3.625 w x 4.875 h \$255 4 issues pre-paid @ \$215 = \$860		<input type="checkbox"/> 1/2 PAGE HORIZONTAL 7.5 w x 4.875 h \$370 4 issues pre-paid @ \$315 = \$1,260	

Please submit camera-ready art by email to: jim@smcds.com in one of the following formats: high-quality pdf (300 dpi) or eps digital format. For technical questions, please contact our designer directly: loyd@press-print.net

2020 prepaid 4-issue display advertiser's discounted rate for Listing in SMCDs Website Professional Services Directory [] 12-mo....\$250
--

Calculate total due, complete, and return your order with payment info to: jim@smcds.com or fax 650.649.2980

Company _____

Street Address _____

City, ST Zip _____

Phone _____

email _____

Placement Authorized by: _____

Make payment to San Mateo County Dental Society	
<input type="checkbox"/> Check attached <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Amt \$ _____	
Card # _____	Exp Date _____
Name on Card _____	
Signature _____	
email receipt to _____	