

Monthly Publication: 12 issues per year      All advertising subject to SMCDS Advertising Policies  
 Circulation: ~675 Members      ~78% of dentists practicing in San Mateo County

PLEASE CHECK APPROPRIATE BOXES [ ] TO INDICATE AD TYPE AND DESIRED ISSUE/S

CALCULATE TOTAL AFTER APPLYING APPROPRIATE DISCOUNT/S FOR ISSUES PREPAID IN 12-MONTH PERIOD

15% DISCOUNT FOR 4 ISSUES PREPAID IN 12-MONTH PERIOD    30% DISCOUNT FOR 8 ISSUES PREPAID IN 12-MONTH PERIOD

50% DISCOUNT FOR 12 ISSUES PREPAID IN 12-MONTH PERIOD    +20% DISCOUNT FOR SMCDS MEMBERS

Body Text Ad @\$125	Issues	Sidebar Logo Badge @\$75
[ ]	January	[ ]
[ ]	February	[ ]
[ ]	March	[ ]
[ ]	April	[ ]
[ ]	May	[ ]
[ ]	June	[ ]
[ ]	July	[ ]
[ ]	August	[ ]
[ ]	September	[ ]
[ ]	October	[ ]
[ ]	November	[ ]
[ ]	December	[ ]
[ ] @ \$125 = \$_____	Total per Ad Type	[ ] @ \$75 = \$_____

USE THIS SPACE TO CALCULATE AMOUNT DUE	
Total number of issues prepaid	
Qualifying discount amount	%
+20% discount IF you are SMCDS mbr	%
TOTAL discount to apply	%
Undiscounted amount due for ads	\$
LESS ___% discount	-
Discounted amount due for ads	\$
12-mo Discounted Website Prof Svcs Directory Listing @ \$200	\$
<b>TOTAL AMOUNT DUE</b>	<b>\$</b>
<b>Ad Submission Deadline</b> <b>25<sup>th</sup> of Month Preceding Desired Issue</b>	

**NEXT STEPS FOR BODY TEXT AD:**

1. Provide eye-catching artwork in jpg format (to be linked to detailed item / event description and/or registration)
2. Provide a digital text link for additional information or viewer registration/interaction
3. Provide information\* for item being promoted, as demonstrated in the example below

**Community Outreach**



\*Event/Promotion "Headline" **Sonrisas / Apple Tree Dental Center Fundraiser: Cooking for A Cause**

\*Event/Promotion details **Thursday, April 28 ■ 6-9 PM ■ Mavericks Event Center ■ Half Moon Bay** [purchase tickets here](#)

\*A couple of brief points about the event **Learn to make authentic vegetarian / chicken / seafood Paella ■ Cooking demonstration followed by dinner ■ wine, beer, raffle, prizes**

Calculate total due, complete, and return your order with payment info to: [jim@smcnds.com](mailto:jim@smcnds.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**

[ ] Check attached    [ ] MasterCard    [ ] Visa    Amt \$ \_\_\_\_\_

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

email receipt to \_\_\_\_\_