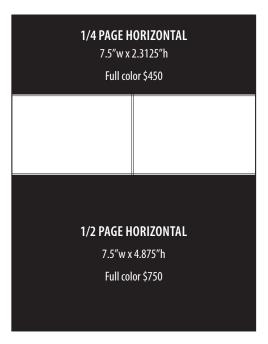
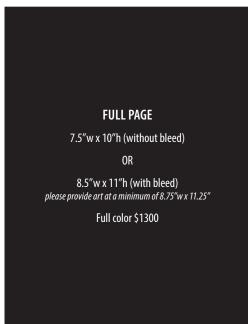


## Sacramento District Dental Society Nugget Display Advertising



<b>1/8 PAGE</b> 3.625″w x 2.3125″h Full color \$350	
	<b>1/2 PAGE VERTICAL</b> 3.625"w x 10"h Full color \$750
1/4 PAGE VERTICAL 3.625"w x 4.875"h Full color \$450	:





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).	Stand out with PREFERRED PLACEMENT!
Please run my ad for issues & charge my credit card (listed below) for but bill me for all other issues*.	• Inside Front Cover — \$450 (+ cost of ad) • Inside Back Cover — \$400 (+ cost of ad)
Please run my ad continuously until I contact you*, and charge my credit card (I	· · · · · · · · · · · · · · · · · · ·
Please run my ad continuously until I contact you*, and bill me.	- Center Spicuu 3750 ( 1 cost of dus)
AD SIZE: Center spread Full page 1/2 page (vertical) 1/2 p	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
Х	
Signature	Date



## Sacramento District Dental Society Nugget Classified Advertising



<b>—</b>	Positions Wanted				
	A CHECK				



















## **CLASSIFIED ADVERTISING**

SDDS Members: \$60

up to 30 words • addl words at 75¢ per word

Non-Members: \$100

up to 30 words • addl words at \$1.25 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 \$.75 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 0	OF RUN & PAYMENT TYPE:		COLOR (optional):
	Please run my ad for issue(s).  Please run my ad for issues & charge my credit card (listed below) for to but bill me for all other issues*.  Please run my ad continuously until I contact you*, and charge my credit card (listed Please run my ad continuously until I contact you*, and bill me.		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/S	SIZE: AMOUNT ENCLOSED:		PAYMENTTYPE: Check Visa MasterCard Please Bill Me
CREDIT CA	ARD INFORMATION (fill out only if paying by credit card):	• • • • • • • • • • • • • • • • • • • •	
	VISA MASTERCARD Name on Card		Billing Address
Moderna	CARD #:	EX	P. DATE:3-DIGIT_CODE:
yyetconilaci~i 18/2022	X		. Date
<u>\$</u>	Signature		Date