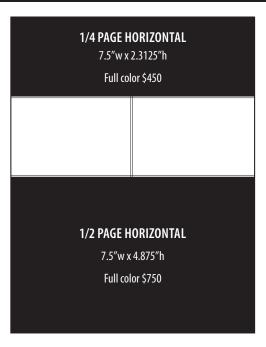


Sacramento District Dental Society Nugget Display Advertising



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





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 (liste	• Inside Front Cover — \$450 (+ cost of ad)				
but bill me for all other issues*.	 Inside Back Cover — \$400 (+ cost of ad) 				
Please run my ad continuously until I contact you*, and charge my cr	• Center Spread — \$750 (+ cost of ads)				
Please run my ad continuously until I contact you*, and bill me.					
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:				
	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:				
Name on Card	Billing Address				
Х					
Signature	Date				



Sacramento District Dental Society Nugget Classified Advertising



Ш	Positions Wanted			
	الأعلام الما الما الما الما الما الما الما			



















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 \$.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 C	OF RUN & PAYMENT TYPE:		COLOR (optional):	
	Please run my ad forissue(s).		For an extra \$10, please add (choose one color only):	
	Please run my ad for issues & charge my credit card (listed below) for to but bill me for all other issues*.	his issue,	☐ Pink ☐ Orange ☐ Green	
	Please run my ad continuously until I contact you*, and charge my credit card (liste	ed below).	Brown	
	Please run my ad continuously until I contact you*, and bill me.		to my: Headline Entire ad	
COMPANY:	:	CONTACT:		
ADDRESS:		CITY/STATE/ZIP	:	
PHONE:	FAX:	EMAIL:		
AD TYPE/S	IZE: AMOUNT ENCLOSED:		PAYMENT TYPE: Check Visa MasterCard Please Bill Me	
CREDIT C	ARD INFORMATION (fill out only if paying by credit card):	• • • • • • • • • • • • • • • • • • • •		
	VISA MASTERCARD Name on Card		Billing Address	
popule:man	CARD #:	EX	P. DATE:3-DIGIT CODE:	
8/2022	Х			
¥; %	Signature		Date	