

875 Centerville Rd. Bldg. 4, Suite 12 Warwick, RI 02886 P: (401) 825.7700 F: (401) 825.7722 www.ridental.org

The Journal of the Rhode Island Dental Association is a quarterly publication, printed in full color. Placing an ad in the Journal is one of the most effective ways for companies and organizations to reach the 500+ members of the Rhode Island Dental Association. A digital copy is also placed on our website after printing. We welcome advertising as a means of keeping the dentist informed.

Printing Requirements: All ads will be in color. You may submit ads by e-mail as a pdf only.

• Full Page: 8.5"W x 11"H

• Half Page: 8.5"W x 5.5"H (horizontal)

Third Page: 11"W x 3.75"H (horizontal) - 2.75"W x 8.5"H (vertical)
 Quarter Page: 8.5"W x 2.75"H (horizontal) - 4.25"W x 5.5"H (corner)

Deadlines: 4 weeks prior to publication

ISSUE DEADLINE
Summer 2021: July 1, 2021
Fall 2021: October 1, 2021
Winter 2022: January 3, 2022
Summer 2022: April 1, 2022

Non-RIDA member dentists or commercial firms associated with or owned by non-RIDA member dentists may not place display ads.

AD SIZE

Full Page
\$800.00 each
Half Page
\$450.00 each
Third Page
\$300.00 each
Quarter Page
\$225.00 each
Back Cover (half pg.)
Inside Front Cover (full pg.)
\$950.00 each

10% DISCOUNT FOR 4

PLACEMENTS

PICK THE SAME SIZE OR MIX AND MATCH

- · All ads are subject to editorial approval.
- Ads not received by the deadline for a specific quarter's journal are not quaranteed placement.
- · Payment must be paid in full upon submission.
- Back cover is first come first serve. You will be promptly informed
 if that space is no longer available for the requested Journal.

Classified Ads

(subject to editorial approval)

RIDA Member Dentists: One free classified ad placed in the Journal per year. Additional ads may be placed for \$50 for up to 60 words per ad insertion; 25 cents per word over limit. Ads will also be placed on www.ridental.org. This option is for RIDA Member Dentists ONLY. All ads must be prepaid.

Email madeline@ridental.org to place classified ad Non-RIDA Members & Commercial Entities: \$100 per ad insertion for an up to 60 word ad. It is \$175 to have the ad placed in both the Journal and on our website, www.ridental.org. All ads must be prepaid.

Ad requests can be sent to the Executive Office or emailed with a copy of the ad.

Please make checks payable to: Rhode Island Dental Association or complete the credit card information Email ad copy to Madeline at madeline@ridental.org - ad copies can only be sent via email as a pdf AD SIZE

Company Name:
Contact Name:
Billing Address:
Phone and Fax:

Email:

JOURNAL

Fall 2021:

Summer 2021: _____

875 Centerville Rd. Bldg. 4, Suite 12 Warwick, RI 02886

AD SIZE

Full Page

Half Page

P: (401) 825.7700 F: (401) 825.7722 www.ridental.org

1-3 PLACEMENTS

\$800.00 each

\$450.00 each

ADVERTISEMENT REQUEST FORM

COST

| | Vinter 2022: | Quarter Page | | |
|----------------------|--------------------------------------|---|--|--|
| | TOTAL: | Back Cover (flaff þý | g.) \$500.00 each (full pg.) \$950.00 each | |
| | | 10% | 10% DISCOUNT | |
| Additional Comments: | | | FOR 4 | |
| | | PICK TH MIX | PLACEMENTS PICK THE SAME SIZE OR MIX AND MATCH | |
| - | Additional Comments. | SPECIFIC PAGE PLAC | EMENTS NOT LISTED CAN OR AN ADDITIONAL \$100 | |
| | Payment due at time of ad request. (| Checks can be made out to "Rhode Island E | Dental Association". | |
| | Credit card payments - Visa or Ma | stercard ONLY | | |
| | Name on Card: | I would like a cop | I would like a copy of the receipt sent to: | |
| | Card Number: | | | |
| | Exp. Date: Sec. C | ode: | | |
| | Billing Zip Code: | | | |
| | Amount Authorized: | | | |