

DISPLAY ADVERTISING

INSERTION ORDER 2019

ADVERTISER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____

PHONE: _____ Email: _____

AD AGENCY(if applicable): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ Email: _____

BILL SHOULD BE SENT TO ADVERTISER _____ (or) AGENCY _____

PLEASE RUN OUR AD IN:

JANUARY- <i>Journal</i> _____	JUNE/JULY- <i>Journal</i> _____
FEBRUARY- <i>NYSDA News</i> _____	AUGUST/SEPT - <i>Journal</i> _____
MARCH- <i>Journal</i> _____	OCTOBER- <i>NYSDA News</i> _____
APRIL - <i>Journal</i> _____	NOVEMBER - <i>Journal</i> _____
MAY- <i>NYSDA News</i> _____	DECEMBER- <i>NSYDA News</i> _____

AD SIZE: _____

All ads 4-color and include live link to advertisers' website in *NSYDJ Digital Edition* on www.nysdental.org.

AUTHORIZED SIGNATURE: _____

RETURN TO: Jeanne Deguire, Advertising Manager
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