DISPLAY ADVERTISING

INSERTION ORDER 2020

ADVERTISER: ________________________________

ADDRESS line 1: ________________________________

ADDRESS line 2: ________________________________

CONTACT PERSON: ________________________________

PHONE: _______________ Email: ________________________________

AD AGENCY (if applicable): ________________________________

ADDRESS line 1: ________________________________

ADDRESS line 2: ________________________________

PHONE: _______________ Email: ________________________________

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

PLEASE RUN OUR AD IN:

New York State Dental Journal    NYS Dental Journal & NYSDA News

JANUARY   _____       FEBRUARY   _____
MARCH   _____       MAY   _____
APRIL   _____       OCTOBER   _____
JUNE/JULY   _____       DECEMBER   _____
AUG/SEPT   _____

(Only ½ page horizontal ads accepted in NYSDA News)

AD SIZE for NYSDJ: ________________________________

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
            P: (518) 465-0044 • E: jdeguire@nysdental.org • F: (518) 465-3219