



# CONTRACT FOR ADVERTISING

SOUTH CAROLINA DENTAL ASSOCIATION BULLETIN

**NOTICE: All ad copies and artwork must be submitted no later than the 15<sup>th</sup> of the month prior to the month of publication.** You must submit the contract below before your advertisement will be published. Your signature below is also required as agreement to abide by the terms and conditions and the rate card. **PLEASE PRINT CLEARLY OR TYPE AND FILL IN ALL SECTIONS. We will send your free copy to the address you provide.**

To publish advertising for: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

- I understand that this binds me to the terms and conditions and the advertising rates provided with this contract. I understand that the SCDA reserves the right to refuse any ad copy or artwork until such time as this contract is returned completed and that SCDA may reject and refuse to run any ad in its sole discretion.

TYPE OF CONTRACT:       SINGLE ISSUE       QUARTERLY       ANNUALLY

Specify Month(s) of Insertion: \_\_\_\_\_

Size: \_\_\_\_\_ Rate per issue: \_\_\_\_\_

No extra charge for color    Website: \_\_\_\_\_

**Payment Method:**

Master Card    Visa    Discover    AMEX # \_\_\_\_\_ Vcode: \_\_\_\_\_

Expiration: \_\_\_\_\_ Signature: \_\_\_\_\_

Check enclosed # \_\_\_\_\_

Please invoice me:     Regular mail     Email

Return to:    **Maie Brunson – display ads**    or fax: **803.750.1644**  
SCDA  
120 Stonemark Lane  
Columbia SC 29210

Remit artwork to: [brunsonm@scda.org](mailto:brunsonm@scda.org)