



CONTRACT FOR ADVERTISING

SOUTH CAROLINA DENTAL ASSOCIATION BULLETIN

NOTICE: All ad copies and artwork must be submitted no later than the 15th 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: _____

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 Burke – display ads or fax: 803.750.1644
SCDA
120 Stonemark Lane
Columbia SC 29210

Remit artwork/contract to: burkem@scda.org