



175 N. Redwood Dr., Ste. 130, San Rafael, CA 94901

T: 415.472.7974; F: 415.472-7894

[exec@mcdsweb.org](mailto:exec@mcdsweb.org)

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## ADVERTISING OPPORTUNITY IN MCDS NEWSLETTER THE ORAL REPORT

*Journal of the Marin County Dental Society*

Quarterly Circulation (via electronic and website posting) to over  
350 Marin County Dentists, all 32 California Dental Societies, California Dental Association,  
American Dental Association, and Allied Offices

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## ADVERTISING INFORMATION & RATES

### Please Direct Communications to:

Editor: Ana J. Amaya , DDS  
Managing Editor: Linda Abrahams, Executive Director  
Marin County Dental Society  
175 N. Redwood Dr., Ste 130  
San Rafael, CA 94903  
[exec@mcdsweb.org](mailto:exec@mcdsweb.org); [www.mcdsweb.org](http://www.mcdsweb.org)  
Phone 415-472-7974 Fax 415-472-7894

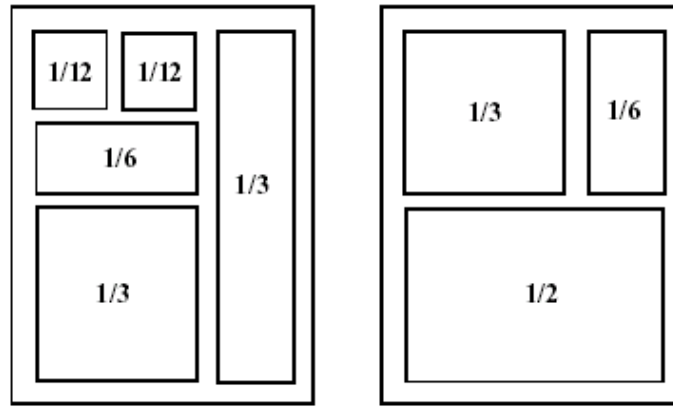
### Publication Schedule:

Quarterly Issues: January, April, July & October (Dates and are subject to change by the Editor; submission deadlines are January 1, April 1, July 1, & October 1)

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### Cost per issue (15% Discount for one-year (4 issues) pre-paid Display Ad:

- Full Page \$ 505 (unit size is 7 ½ w x 9 ¾ h)
- 1/2 Page \$ 300 (horizontal unit size is 7 ½ w x 4 ¾ h)
- 1/3 Page \$ 200 (vertical unit size is 2 ¼ w x 9 ¾ h; square unit size is 4 ¾ x 4 ¾ )
- 1/6 Page \$ 100 (horizontal unit size is 4 ¾ w x 2 ¼ h; vertical unit size is 2 ¼ w x 4 ¾ h)
- 1/12 Page \$ 75 (horizontal unit size is 2 ¼ w x 2 3/16 h)



**Classified Rates**

MCDS members: FREE

Non-Members: \$35 –up to 30 words—additional words 60 cents per word

**Full payment is due and payable upon submission of display or classified advertising.**

**Specifications**

Ads are color/black and white. No space divisions other than listed above. Ads are subject to trim at the discretion of the publisher. Incomplete/missing elements may incur a charge. Please follow specifications guide: alternative formats — negative (film, right reading, emulsion down) or camera ready may incur a scanning or stripping fee. Ad materials are returned at written request.

Placement of advertisements is at the discretion of the publisher. Extra charges apply for design, typesetting and layout or scanning at the publisher’s cost (minimum charge \$20).

Advertisers agree to pay shorter term contract rates for incomplete contracts. Advertising must be inserted within one year of first insertion contract to earn a frequency discount. Advertising rates are subject to change. All consecutive contract advertisers are protected against rate increases for the duration of the contract. Cancellations must be received in writing prior to the closing date; however, if the display advertiser chooses not to fulfill their contract, they will be subject to the full (single insertion) price for ads already placed plus a 20% cancellation fee for ads not placed. All advertisements are accepted and published by the publisher upon the representation that the agency and advertiser are authorized to publish the entire contents and subject matter thereof.

The agency and advertiser will indemnify and hold the publisher harmless from and against any claims, loss, liability or expense, including reasonable attorney’s fees, arising out of the publication of such advertisements, including without limitation those resulting from claims of suits for libel, violation of rights of privacy, plagiarism and copyright and trademark infringement. Advertising is subject to acceptance by the publisher as to character, layout, text, and design. The publisher shall have no liability for errors in type. The publisher shall not be liable for any cost or damages if for any reason it fails to publish an advertisement.

**Agency commission**

Rates are non-commissionable.

**Circulation - Quarterly to over 350 Marin County Dentists, CDA, ADA, CA Dental Societies and Allied Offices.**

**Reproduction Requirements**

Include a proof with your insertion order. If proofs are not submitted, publisher will generate proofs and bill the advertiser for this cost. Electronic files preferred, via CD, zip or e-mail.

Please specify applications used (version & number), fonts used; include contact name of the file originator with business and after-hours phone numbers and e-mail in the unlikely event that technical complications should arise.

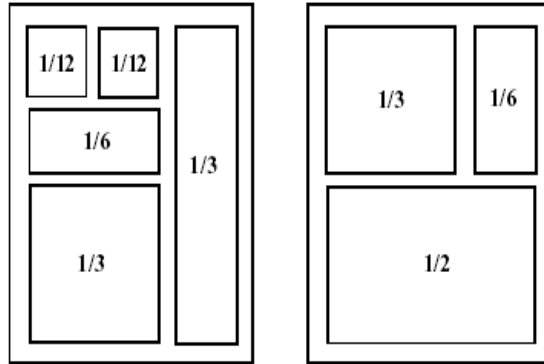
# Marin County Dental Society

## THE ORAL REPORT - ADVERTISING CONTRACT

Business Name:	Telephone:
Contact Person:	Fax:
Address:	Title:
	email:

### ~ Ad Size Selected ~

15% discount for a one-year 4 issues pre-paid display ad



Ad Unit	Width	Height	Cost per issue
<input type="checkbox"/> Full Page	7 1/2	9 3/4	\$505
<input type="checkbox"/> 1/2 page (horizontal)	7 1/2	4 3/4	\$300
<input type="checkbox"/> 1/3 page (vertical)	2 1/4	9 3/4	\$250
<input type="checkbox"/> 1/3 page (square)	4 3/4	4 3/4	\$250
<input type="checkbox"/> 1/6 page (vertical)	2 1/4	4 3/4	\$100
<input type="checkbox"/> 1/6 page (horizontal)	4 3/4	2 1/4	\$100
<input type="checkbox"/> 1/12 page	2 1/4	2 3/16	\$75

I want my ad in The Oral Report to run in the  Spring  Summer  Fall  Winter issue/s.

- Attached is camera-ready art work for the above indicated size ad.
- I have emailed my art work for the above indicated size to [exec@mcdsweb.org](mailto:exec@mcdsweb.org).

### Method of Payment

- Attached is Check # \_\_\_\_\_ for \$ \_\_\_\_\_.
- Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_
- ( ) MC ( ) Visa Billing Zip Code \_\_\_\_\_
- Cardholder's Signature \_\_\_\_\_

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

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