



DETROIT DENTAL BULLETIN CLASSIFIED ADVERTISING AGREEMENT

Name: _____

Address: _____

Contact: _____ **Phone:** _____

Fax: _____ **Email:** _____

The classified ad rate is \$20.00 up to and including 30 words; additional words are 20¢ each. Minimum charge is \$20.00. Charges are per issue.

A 25% surcharge will be charged to all non-members. All telephone numbers and hyphenations count as two words, abbreviations count as one word. All ads received after the deadline will appear in a following issue.

Submit ads to Detroit Dental Bulletin Classifieds, Michigan Dental Association, 3657 Okemos Rd., Suite 200, Okemos, MI 48864- E-mail dfoe@michigandental.org. Classified advertisements will be billed upon publication.

Number of words in ad: _____ ***Fee:** _____

Number of Publications: 1 Time 4 Times 6 Times

Effective Date _____ **Expiration Date** _____

Issues: Jan/Feb Mar/Apr May/June

July/Aug Sept/Oct Nov/Dec

Other Requirements: _____

Signature: _____ **Date:** _____

*Invoice will be mailed along with publication.