

**DENTAL DIMENSIONS**

The Official Publication of the San Fernando Valley Dental Society

**INSERTION ORDER**

|  |  |
| --- | --- |
| Advertiser: | Agency: |
| Address: | Address: |
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| Phone: | Phone: |
| Fax: | Fax: |
| Contact: | Contact: |
| Email: | Email: |

|  |  |  |  |
| --- | --- | --- | --- |
| AD SIZE | Color | INSERTIONS | ISSUE(S) |
| ⁮ Insert |  | ⁮ 1X | ⁮ Winter  |
| ⁮ Full Page |  | ⁮ 2X | ⁮ Spring |
| ⁮ 2/3 page |  | ⁮ 3X | ⁮ Summer |
| ⁮ 1/2 page Horizontal ⁮ Vertical |  | ⁮ 4X | ⁮ Fall |
| ⁮ 1/3 page Horizontal ⁮ Vertical |  | ⁮ 8X | ⁮ Other |
| ⁮ 1/4 page Horizontal ⁮ Vertical |  | ⁮ Other |  |
| ⁮ 1/6 page Horizontal ⁮ Vertical |  |  |  |

Charges Artwork

Space $\_\_\_\_\_\_\_\_\_\_ ⁮ Camera Ready Artwork Supplied

Color Charge $\_\_\_\_\_\_\_\_\_\_ ⁮ Pickup from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position $\_\_\_\_\_\_\_\_\_\_ ⁮ Create Art

 (see special instr below)

Total per Insertion $\_\_\_\_\_\_\_\_\_\_ ⁮ Revise Existing Art

 (see special instr below)

Production Charges $\_\_\_\_\_\_\_\_\_\_ ⁮ Other

Grand Total $\_\_\_\_\_\_\_\_\_\_

Special Instructions

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize the SFVDS to insert advertising space in Dental Dimensions according to the above schedule. I certify that I have full power to sign for the above named company (advertiser) on this advertising agreement and that payment will be made according to the terms and conditions as stated on the Dental Dimensions Rate Card.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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