



California Society of Pediatric Dentistry

CSPD BULLETIN
2019 ADVERTISING

700 R Street, Suite 200 Sacramento, CA 95811 p 916.231.2142 f 916.231.2141 www.cspd.org

Thank you for your interest in advertising in the CSPD Bulletin. The Bulletin is CSPD's quarterly newsletter that is distributed both electronically and in print to more than 1,000 pediatric dentists as well as all of the pediatric residency programs and their residents. This advertising form and the advertising file are due by the issue deadline listed below. Please fax or e-mail this form to Angelique Grellus at agrellus@cspd.org.

Interested in advertising, but don't have a professional ad to use? Contact Yelena Martynovskaya for a referral to a graphic designer who can work with you to create a professional ad for a very reasonable price.

Advertising Options

Please check the issue(s) in which you wish the ad to be featured:

*Deadlines may change depending on the date of the Board Meeting.

- Winter 2019 (Deadline: February 4, 2019) Summer 2019 (Deadline: July 19, 2019)
 Spring 2019 (Deadline: April 26, 2019) Fall 2019 (Deadline: October 18, 2019)

Advertising Sizes & Pricing *(*Discount only available if paid in full.)*

Inside Half Page (4.25"W x 11"H)	<input type="checkbox"/> \$300 (one issue) <input type="checkbox"/> \$600 (two issues) <input type="checkbox"/> \$900 (three issues) <input type="checkbox"/> \$1,150* (full year)
Back Half Page (8"W x 5"H)	<input type="checkbox"/> \$450 (one issue) <input type="checkbox"/> \$900 (two issues) <input type="checkbox"/> \$1,350 (three issues) <input type="checkbox"/> \$1,700* (full year)
Full Page (8.5"W x 11"H)	<input type="checkbox"/> \$450 (one issue) <input type="checkbox"/> \$900 (two issues) <input type="checkbox"/> \$1,350 (three issues) <input type="checkbox"/> \$1,700* (full year)

- Ad is being sent with this form Ad will be sent separately *(Ad must be sent by the deadline)*

Ad Specifications

- Please send a high resolution (at least 300 dpi) advertising file. All ads will be full color (CMYK). Acceptable formats include PDF, EPS, JPG, and TIFF files.

Contact Information

Date of submission:	Contact person:
Company name:	
Address:	
Phone:	Fax:
Email:	

Payment

<input type="checkbox"/> Check made payable to "CSPD" is enclosed	<input type="checkbox"/> Please send an invoice <i>(Payment is due within 30 days via credit card or check)</i>	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	Total Due: \$	
Card number:		
Expiration date:	Security code:	Name on card:
Billing address:		
City:	State:	Zip:
Signature:		