

Georgia Dental Association Classified Advertising Order Form

Please complete all information and return this form with payment to the GDA office. Thank you.

Ad placement requirements: **All ads must be prepaid.** (Make checks payable to "GDA"). Ads for which full prepayment is not received by the first of the ad publication month (i.e.; November 1 for a November ad) will incur a \$25 late fee in addition to the cost of the ad as outlined below. The GDA requires that all payments be made via check.

Advertising rates: **ADA MEMBERS:** \$75 for up to 60 words; 25 cents for each word over 60. Prepaid ads will be placed at no additional charge on the GDA Web Site www.gadental.org. If prepayment is not received by the first of the ad publication month, your ad will not be placed online. **COMMERCIAL FIRMS:** \$195 per ad per month for an up-to-60-word ad in GDA journal. **Non-ADA member dentists may not place classified advertisements.**

Disclaimer *GDA Action* reserves the right to edit ad copy and does not assume liability for contents. The GDA may accept or reject any classified ad for any reason and in its sole discretion.

Deadlines and Submissions: Send ad form and check payment by the 1st of the month prior to the publication month (i.e., March 1 for April) to GDA, attn: Lisa Chandler, 200-17, 7000 Peachtree Dunwoody Road, Atlanta, GA 30328-1655.

Your ad copy must be submitted in writing. Please type or print ad copy below:

Dentist/Individual Name _____

If a Dentist, Give Your ADA Number (Required) _____

Business Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____