

**CENTRAL FLORIDA DISTRICT DENTAL ASSOCIATION**  
**800 North Mills Avenue Orlando, Florida 32803-4022**  
**Phone: (407) 894-9798**

**NEWSLETTER ADVERTISING CONTRACT**

It is hereby agreed that The Central Florida District Dental Association will publish one ad in each issue of the Association's official publication. We publish four issues per year, quarterly, beginning in January. It is further agreed that the advertisement will be composed of material acceptable to both parties, and that unless the copy is submitted in camera-ready form, the advertiser will be responsible for the charges incurred in preparation of the copy. Any copy which CFDDA has prepared will be submitted for approval before publication if requested by the advertiser.

**Circulation:** Approximately 1490 Central Florida District Dental Association Dentists.

SIZE	ANNUAL RATE	INDIVIDUAL ISSUE	INDICATE CHOICE
¼ Page (3.5 x 2)	\$275.00	\$80.00	_____
½ Page (7x4)	\$550.00	\$160.00	_____
Full Page (7x9)	\$1150.00	\$400.00	_____

**Classified ads:** Vendor/Non-CFDDA Member \$25.00 per issue, up to 50 words. Ads, which are longer than 50 words may be submitted as, is, and will be considered on a space available basis. Current members of the CFDDA may advertise at no cost.

The advertiser may change the content or style of the advertisement at any time, provided he abides by the above agreement, and presents proposed changes before the deadline. **The deadline for all issues is the 1st of the month before publication. For example, ad must be submitted by September 1 for the October issue.** Publication should be mailed to all members by the 10th of the month or before.

The advertiser agrees to pay the sum of \$\_\_\_\_\_ in the following manner:

Full amount with signed contract (check enclosed)\_\_\_\_\_

One-half with signed contract (check enclosed)\_\_\_\_\_

(Balance by no later than three months from first appearance of ad.) This applies to annual contract only.

Term \_\_\_\_\_ to \_\_\_\_\_

NAME OF COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ PHONE \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Questions:

Marlinda Fulton, Executive Director, Central Florida District Dental Association

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