

DATeline ADVERTISING AGREEMENT
OFFICIAL PUBLICATION OF DALLAS COUNTY DENTAL SOCIETY

I hereby agree to place an advertisement in *Dateline*, the official publication of the Dallas County Dental Society for _____ issues at the rate of \$ _____ per issue. No agency commissions or discounts. Ad rates are net. All rates are subject to change upon renewal of advertising agreement.

INDIVIDUAL, COMPANY OR ADVERTISING AGENCY

CONTACT NAME

ADDRESS

Street

City

State

Zip

PHONE _____

FAX _____

E-MAIL _____

AD SCHEDULE

Please reserve advertising space for the above in the following issue(s) of *Dateline*.
IF AD SIZE WILL VARY, PLEASE INDICATE SIZES NEXT TO MONTHS INDICATED.

JAN/FEB _____

MAR/APR _____

MAY/JUN _____

JUL/AUG _____

SEPT/OCT _____

NOV/DEC _____

DISPLAY AD _____ (See ad specifications on rate sheet.) **AD SIZE** _____

New Ad _____ Ad Will Vary _____ Run Previous Ad _____ last appeared in the _____ issue (month/yr) of *Dateline*.

CLASSIFIED AD _____ (attach ad copy as it is to appear) Enclosed _____ Will Deliver by _____ (month/day/yr)

SPECIAL INSTRUCTIONS

THIS AGREEMENT MUST BE ACCOMPANIED BY PAYMENT IN ADVANCE FOR THE INITIAL ADVERTISEMENT. ANY ADDITIONAL ADS WILL BE INVOICED TO THE ADVERTISER AT THE TIME OF PRINTING PAYABLE UPON RECEIPT. ANY DISCOUNTS DUE WILL BE DEDUCTED WHEN INVOICED.

PAYMENT METHOD

\$ _____ which represents payment for advertising in *Dateline* is enclosed.

Check _____ MasterCard _____ Visa _____ AMEX _____

Account # _____ Exp. Date _____

Your signature below indicates your approval for charges to your credit card account.

PRINT NAME _____

SIGNATURE _____