

Dallas County Dental Society 2023 Advertising Guidelines



DCDS is committed to ethical and honest advertising. Advertisements will be accepted from reputable firms or individuals on a space-available basis. All advertising submissions must comply with the DCDS Connection Advertising Standards. When advertising, please read our full standards that must be adhered to at <https://www.dcds.org/dcds-advertising-standards>.

DCDS CONNECTION: DISPLAY ADS

DCDS Connection is the official publication of Dallas County Dental Society. Its circulation of approximately 1,300 includes all member dentists, several surrounding dental societies and Texas A&M University College of Dentistry. It is also stored and always available on our website for DCDS members. This full-color interactive online publication provides an excellent way to target dental professionals in the DFW Metroplex. **One link to your website is included in advertising costs.**

Published bimonthly, DCDS Connection aims to always reach readers by the first week of the publication month. **Submissions with completed contracts must be received one month prior to the publication month in order to be included.**

Display advertisements must be four-color, non-bleed, accompanied by a completed contract and submitted electronically. Acceptable file formats are PDF, TIFF, JPEG, or EPS. If you cannot design your ad within the size specifications below, Dallas County Dental Society can provide design services at extra costs upon request.

	AD TYPE	(W x H / INCHES)	1 ISSUE	3 ISSUES	6 ISSUES
15% discount on all display ads for DCDS members!	Full page	8.5" x 11" (add .125 bleed)	\$790.00	*\$740.00	*\$720.00
	1/2 Page Horizontal	8" x 4.75"	\$470.00	*\$420.00	*\$400.00
	1/4 Page	3.875" x 4.75"	\$310.00	*\$260.00	*\$240.00

*Prices listed are per issue. Each issue covers a 2 month span. (Only 6 issues per year.)

DCDS CONNECTION: CLASSIFIED ADS

Classified advertisements must adhere to the word count restrictions below. Please check your ad for accuracy (spelling, punctuation, grammar, etc). DCDS is not responsible for errors in submitted ads. Payment in advance is required for placement of the first ad. No commissions or discounts for third parties. Ad rates are net.

	DCDS CONNECTION CLASSIFIED AD	1 ISSUE	3 ISSUES	6 ISSUES
\$20 discount on all display ads for DCDS members!	Under 50 Words	\$60.00	*\$50.00	*\$45.00
	Over 50 Words (Word count may not exceed 150)	\$120.00	*\$110.00	*\$105.00

*Prices listed are per issue. Each issue covers a 2 month span. (Only 6 issues per year.)

ONLINE CLASSIFIED ADS

Classified advertisements on our website are subject to editing and must be paragraph format under 100 words. Listings will be discontinued after one month unless otherwise noted. Please check your ad for accuracy (spelling, punctuation, grammar, etc). DCDS is not responsible for errors in submitted ads.

	ONLINE CLASSIFIED	1X MONTHLY RATE
Online classified ads are free for members!	Posting per month	\$75.00

PLEASE SEND ALL ADVERTISING INQUIRIES AND SUBMISSIONS TO ROSEMARY@DCDS.ORG.

Dallas County Dental Society 2023 Advertising Contract



Individual, Company or Advertising Agency

ADA #

Contact Name

Street, City, State, Zip

Primary Phone

Email

DCDS CONNECTION: DISPLAY ADS

Please reserve display advertising space for the above party in the following issue(s) of DCDS CONNECTION for

___ ads for ___ issues at the rate of \$ _____ per ad per issue in this size: ___ half page___

JAN/FEB 23 MAR/APR 23 MAY/JUN 23 JUL/AUG 23 SEPT/OCT 23 NOV/DEC 23

DCDS CONNECTION: CLASSIFIED ADS

Please reserve classified advertising space for the above party in the following issue(s) of DCDS CONNECTION for

___ ads for ___ issues at the rate of \$ _____ per ad per issue in this section: _____

JAN/FEB 23 MAR/APR 23 MAY/JUN 23 JUL/AUG 23 SEPT/OCT 23 NOV/DEC 23

ONLINE CLASSIFIED ADS

Please reserve ONLINE advertising space for the above party in the months for

___ ads for ___ months at the rate of \$ _____ per ad per issue in this category: _____

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

PAYMENT METHOD

THIS AGREEMENT MUST BE ACCOMPANIED BY PAYMENT IN ADVANCE FOR THE INITIAL ADVERTISEMENT.

TOTAL

\$ _____

payment now for
advertising

Check # _____ OR ___ Mastercard ___ Visa ___ American Express

Card Number # _____

Exp. Date: _____ Security Code: _____

___ Please automatically bill my credit card for subsequent ad placements and/or online job listings.

___ Please send an invoice for subsequent ad placements and/or online job listings.

NAME ON CARD: _____ Zip Code of Card: _____

SIGNATURE: _____ Date: _____

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

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