



Fox River Valley Dental Society

INCIDENTALS

NEWSLETTER ADVERTISEMENT INSERTION FORM

Reach more than 280 dentists each issue!

COMPANY NAME _____

CONTACT PERSON _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

Please include our electronically submitted advertisement in the _____ issue of *Inci-Dentals*. Also enclosed is my payment in full.

1/4-Page Ad
(3 1/4" x 4 1/2")
\$100.00 per ad

1/2-Page Ad
(6 3/4" x 4 1/2")
\$175.00 per ad

Full-Page Ad
(6 3/4" x 9")
\$300.00 per ad

Publication Schedule:

- August/September 2010
- October 2010
- November/December 2010
- January/February 2011
- March 2011
- April/May 2011

All submissions are due at the end of the month prior to publication.

Advertising Agreement:

I understand that my advertisement may be refused by the Executive Director of the Fox River Valley Dental Society or by its Board Members for any reason, upon which my payment will be returned to me. I also understand that the accuracy of the contents of my advertisement is my own responsibility and that the Fox River Valley Dental Society is not responsible for any inaccuracies or typographical errors that may appear in my submission. Questions may be directed to the FRVDS office at 630-232-4229.

Signed _____

Please mail completed form and payment in full to
FOX RIVER VALLEY DENTAL SOCIETY, 718 McKinley Avenue, Geneva, IL 60134
Phone: 630-232-4229; Fax: 630-232-4240; E-mail: info@frvds.org