

JOURNAL OF THE PHILADELPHIA COUNTY DENTAL SOCIETY
ADVERTISEMENT INSERTION ORDER

Date: _____

Issues/s: ___ July/Aug/Sept.

___ Oct/Nov/Dec.

Advertiser: _____

___ Jan/Feb/Mar.

Art Enclosed: ___ Yes ___ No; will arrive _____

___ April/May/June *FB FB*

Return Artwork: ___ Yes ___ No

Instructions for Insertion:

Use last issue's copy: ___ Yes ___ No

___ Payment Enclosed ___ Send Invoice

Ad size: _____

Ad Title: _____

Person to contact regarding advertisement: _____

Address _____

City/State/Zip _____

Telephone Number _____ Fax Number _____

Send invoice to: _____

Method of Payment: ___ check ___ Visa ___ MasterCard ___ Amer. Exp

Card Number _____ Exp. Date ___/___/___

Authorized Signature: _____ Title: _____

*Mail to PHILADELPHIA COUNTY DENTAL SOCIETY,
One Independence Place - 241 South 6th Street #C 3101 - Philadelphia, PA 19106-3797*

All advertisement material (Insertion Order & copy) must be received by the Philadelphia County Dental Society no later than the first of the month **preceding** publication (i.e., June 1, is the deadline for July/August/September issue). All copy is subject to editorial review and approval for publication. No exceptions will be made.

NON-MEMBERS & FIRST TIME ADVERTISERS MUST PAY IN ADVANCE.