The Florida Dental Association (FDA) is excited to offer two opportunities for digital advertising!

**Beyond the Bite**
*Beyond the Bite* is the FDA’s blog, which can be found at blog.floridadental.org. A new blog is posted weekly. Limited to one ad per month.

- **300 x 300 pixels**

**News Bites**
*News Bites* is the FDA’s monthly e-newsletter emailed to all member dentists. Three ad placements available per month (top, middle and bottom).

- **600 x 100 pixels**

All digital ad placements are on a first-come, first-served basis.

**Pricing & Placements**

- **$600** - News Bites – top
- **$550** - News Bites – middle
- **$500** - News Bites – bottom
- **$400** - Beyond the Bite

*Digital ads run by calendar month and ads are due on the 15th of the month prior to ad placement.*
digital advertising

Audience

Gender

- 27.6% Male
- 71.5% Female
- 0.9% Unreported

Age

- 20-29: 6%
- 30-39: 16.3%
- 40-49: 16.1%
- 50-59: 17.8%
- 60-69: 18.8%
- 70-79: 13.5%
- 80-89: 6.6%
- 90+: 2%
- Unreported: 2.9%

Practice Setting

- Owner: 61.9%
- Non-owner: 4.5%
- Independent Contractor: 2.7%
- Associate: 6.6%
- 24.3% Unreported

Dental Specialty

- General practice: 71.1%
- Orthodontics & dentofacial orthopedics: 6.2%
- Periodontics: 4.7%
- Endodontics: 4.6%
- Oral & maxillofacial surgery: 4.3%
- Pediatric: 4.2%
- Prosthodontics: 2.4%
- Dental public health: 0.5%
- Oral & maxillofacial pathology: 0.2%
- Oral & maxillofacial radiology: 0.1%
- 1.7% Unreported

Status

- 80.6% Active
- 19.4% Retired

Source: American Dental Association, as of September 2018
Advertiser ______________________________________________________

Contact ______________________________________________________

Address ______________________________________________________

Phone __________________________ Fax __________________________

Email ___________________________ Website ______________________

Agency (if applicable) __________________________________________

Contact ______________________________________________________

Address ______________________________________________________

Phone __________________________ Fax __________________________

Email ___________________________ Website ______________________

Product/Service Advertised _______________________________________

All digital ad placements are on a first-come, first-served basis.

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<tr>
<th>Digital Placements</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>June</th>
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</table>

Please select placement below.

- Top
- Middle
- Bottom

Link: ____________________________________________________________

Invoice: □ Advertiser □ Agency

Please note: Invoices are processed one issue at a time.

Payment Method: □ Check □ American Express □ Visa □ Mastercard

Name on Card __________________________________________________

Credit Card # __________________________ Exp. ______ CVV Code ______

Billing Address ________________________________________________

Representing Advertiser __________________________________________________________________ Date ____________

FDA Executive Director __________________________________________________________________ Date ____________

For your agreement to be complete, please also sign the Terms and Conditions on page 4 of this media kit.

Policy: Deadlines for placement or cancellation are specified on page 1 of this kit.
CONTRACT

ADVERTISER, ITS AGENCY, OWNERS, SUCCESSORS AND ASSIGNS (COLLECTIVELY REFERRED TO HEREAFTER AS “ADVERTISER”) AND THE FLORIDA DENTAL ASSOCIATION, INC., ITS SUBSIDIARIES AND OR AFFILIATED COMPANIES (COLLECTIVELY REFERRED TO HEREAFTER AS “PUBLISHER”) HEREBY AGREE:

1. PAYMENT
   (a) For display and digital ads, payment must be received with each advertising order. Invoices are processed one issue (or month for digital) at a time.
   (b) Advertiser will pay Publisher all court costs, collection fees and reasonable attorney’s fees incurred by Publisher to enforce payment under the terms of this contract. Publisher may cancel this contract upon default or anticipatory default by Advertiser.
   (c) Publisher and Advertiser agree to the rates as set forth in Publisher’s official rate card, a copy of which is incorporated herein. Publisher reserves the right to periodically update the official rate card and will provide Advertiser each new rate card with its effective date. Unless Advertiser notifies Publisher in writing to cease advertising, Advertiser agrees to the terms and conditions set forth in the new rate card.
   (d) Advertiser pays for all design, drawings, typesetting, changes, etc., for production of the advertising and for all costs in shipping the advertising to Publisher. Rates, position, availability and production charges are subject to change without notice.

2. PROOF OF INSERTION AND CIRCULATION
   Advertiser may request a sample page containing a published version of the advertising. Publisher may provide an affidavit of publication in lieu of a sample page. Publisher, by postal regulation, must publish a yearly statement of ownership which includes publication and circulation statistics. This information constitutes the official circulation figures for all FDA publications.

3. GENERAL TERMS
   (a) Publisher’s editor reserves the right to accept or reject advertising, in his or her sole discretion, with or without cause. Publisher’s editor will accept only advertising that furthers Publisher’s purposes as a dental association and will reject advertising that, by way of example but not limitation: violates the dental profession’s Code of Ethics, policies, standards or applicable federal or state law such as equal opportunity laws and regulations covering new drug applications and prescription drug advertising; demeans the profession’s dignity; is offensive or unattractive in either text or artwork; contains attacks of a personal, racial or religious nature; compares competing products and services; is untrue, inaccurate, misleading or makes claims that cannot be independently verified; promotes alcohol or tobacco products; uses the name or likeness of any dental society or individual without prior written authorization; or simulates editorial copy (i.e. advertorials).
   (b) Acceptance of advertising by Publisher does not in any way constitute endorsement or approval of the Advertiser’s business or the advertised product or service. Advertiser agrees not to make any such claim in any way in any publication, unless Advertiser has been expressly licensed in writing to use Publisher’s trade-dress.
   (c) If an advertisement is rejected or cancelled by Publisher, the Publisher’s sole responsibility shall be to refund all monies previously paid to the Publisher, less any charges for advertisements already published (digital ads). In the event of any error or omission in the performance of this contract by Publisher, Advertiser agrees that Publisher’s liability is limited to a refund of the charges paid for such advertising. In no event will Publisher be liable for any loss in Advertiser’s business, revenues, profits, or special consequential, indirect or punitive damages of any nature.
   (d) This contract constitutes the entire agreement between Publisher and Advertiser, and neither party shall be bound by any agreement or understanding not in this contract.
   (e) A waiver by either party hereto of any default or breach by the other party shall not be considered as a waiver of any subsequent default or breach of the same or any other provisions hereof.
   (f) Advertiser represents and warrants that, as of the effective date and throughout the term of this Agreement, it has all necessary power and authority to execute and deliver this Agreement and to perform its obligations under this Agreement.
   (g) Advertiser agrees to, and does hereby, indemnify, defend and hold Publisher, its directors, officers, employees and agents harmless from and against any loss, claim, damage, expense, penalty, demand, reparation, cost of defense, attorneys’ fees, or liability whatsoever arising out of or in any way caused by Publisher’s refusal to print or publication of the advertisement.

Representing Advertiser ___________________________ Date ________________ 

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