

Promote your company's latest products and services in the Florida Dental Association's (FDA) Journal, *Today's FDA (TFDA)*! *TFDA* is mailed to all 8,500+ FDA members bimonthly with the November/December issue being mailed to all Florida licensed dentists. Along with being mailed, *TFDA* is also placed on the FDA website for members to access year-round. FDA members use *TFDA* as a resource for learning about new technologies and techniques to implement in their practice. Don't miss this opportunity for your company to be seen by FDA members on a continuous basis!

	Jan./Feb.	March/April	May/June	July/Aug.	Sept./Oct.	*Nov./Dec.
Double Truck	\$2,260	\$2,260	\$2,260	\$2,260	\$2,260	\$3,100
Back Inside Cover	\$2,600	\$2,600	\$2,600	\$2,600	\$2,600	\$2,800
Full Page	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,550
Half Page	\$1,058	\$1,058	\$1,058	\$1,058	\$1,058	\$1,250
Quarter Page	\$770	\$770	\$770	\$770	\$770	\$950

Prices are per issue. Discounts are available with a year contract (6 issues). Contact Deirdre Rhodes for discounted pricing at drhodes@floridadental.org or 850.350.7108.

* Nov./Dec issue is the Membership Issue and is mailed to all 14,000+ Florida licensed dentists. All other issues of *TFDA* is mailed to all 8,500+ FDA member dentists.

Upgrade your advertisement! *TFDA* is published on the FDA website for members to access year-round. Add live, clickable links to your advertisement so members can easily get in contact with your company!

Upgrade Options: Social Media – \$150 (up to 3 links) | Website - \$100 (per URL) | Email address - \$50 (per email)

Fill out completely and return Application for Ad Space along with the Terms & Conditions contained herein signed and dated to: drhodes@floridadental.org or mail to: Florida Dental Association, 545 John Knox Road, Ste. 200 Tallahassee, FL 32303 Questions? Contact Deirdre Rhodes at 850.350.7108

CONTACT INFORMATION

Company Name: _____

Contact Name & Title: _____

Address, City, State & Zip: _____

Phone: _____ Email: _____ Website: _____

Description of Product/Service Advertising: _____

PAYMENT INFORMATION-Reserve my space in *Today's FDA* for the following:

	Jan./Feb.	March/April	May/June	July/Aug.	Sept./Oct.	Nov./Dec.
Double Truck						
Back Inside Cover						
Full Page						
Half Page						
Quarter Page						
	Upgrade – Links due with ad		Social Media	Website	Email	

Total Amount Due: \$ _____

Payment Options: ☐ Pay in Full ☐ Pay Bi-Monthly (If selected this will be a recurring charge to the credit card listed below on the first business day that the Bi-Monthly Pymt is due) **Please initial for acknowledgement:** _____

☐ Credit Card No.: _____ ☐ Check Number: _____
(MasterCard, Visa, American Express, or Discover)

Exp. Date: _____ CVV: _____ Print Cardholder Name: _____

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Advertiser Name

FDA Executive Director

Signature

Signature

Date

Date