

Georgia Academy of General Dentistry Newsletter Advertising Guide

2012



Georgia Academy of General Dentistry

2711 Irvin Way, Suite 111

Decatur, GA 30030

Ph: (404) 299-7987

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www.gagd.org

Amanda Butler

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ADVERTISING GUIDE

GENERAL INFORMATION

Georgia Academy of General Dentistry (“GAGD”) is the Georgia constituent of the Academy of General Dentistry (“AGD”). GAGD members are general dental practitioners who are committed to lifelong learning, clinical excellence, and continued professional development. GAGD’s member newsletter, **Explorer**, focuses on current issues in dentistry, clinical topics, practice management, organizational news and updates, and other subjects of interest to general dentists.

WHY ADVERTISE?

Advertising services and/or products in the **GAGD Explorer** means your message will reach dental practitioners who are:

- Interested in strategies, innovations, and services to improve their dental practice
- Primary decision makers and purchasers for their dental practice

DISTRIBUTION & FORMAT

- Published three (3) times per calendar year: Spring, Summer/Fall, and Winter
- Distributed in print form to over 1,000 Georgia AGD members.
- **Explorer** is printed in FULL COLOR! Advertisers may place full-color ads ad no extra charge!

RATES

Prices listed below reflect the cost of placing one (1) advertisement in a single publication. Choose color or black & white at the same rate!

AD SIZE	WIDTH	HEIGHT	RATE
Classified	75 words maximum		\$50
1/6 page (<i>business card</i>)	2.25”	5”	\$150
1/3 page	5”	4.875”	\$200
1/2 page	7.5”	4.875”	\$300

AD SUBMISSION

To secure ad space, please return the Advertising Agreement with payment to Georgia Academy of General Dentistry by fax or mail:

Mail: 2711 Irvin Way, Suite 111, Decatur, GA 30030
Fax: (404) 299-7029

PLEASE EMAIL YOUR ADVERTISEMENT TO: amanda@gagd.org. Advertisements should be in PDF format.

DEADLINE

Deadline dates vary. Please contact Amanda at the GAGD Executive Office, amanda@gagd.org to inquire about the deadline for a specific edition.

ADVERTISING AGREEMENT

Company Name: _____
Contact Name: _____
Mailing Address: _____
City, State, Zip: _____
Phone/Fax: _____
Email: _____

	AD SIZE	PRICE
2012		
Spring '12		\$
Summer/Fall '12		\$
Winter '12		\$
		TOTAL
		\$

Please email your advertisement to amanda@gagd.org

PAYMENT METHOD

- I have enclosed a check for the total amount due
 Please charge my credit card the total amount due



Name on Card: _____
Billing Address _____
(if different from above):
City, State, Zip: _____

Card #:

Signature: _____ Exp. Date: _____

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 Return by MAIL to: 2711 Irvin Way, Suite 111, Decatur, GA 30030