SOUTH CAROLINA
DENTAL ASSOCIATION

CONTRACT FOR ADVERTISING
SOUTH CAROLINA DENTAL ASSOCIATION
MEMBERSHIP DIRECTORY

All ad copies and camera-ready art must be received by **November 14, 2025**. You must submit the contract below before your advertisement will be published. No spots will be saved; **this is a first come first serve basis**. Your free copy will be mailed to the contact person below.

Company: _____

Contact Person: _____ **Title:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____

Email: _____ **Date:** _____

I understand that this signature binds me to the terms and conditions and the advertising rates attached along with this contract. Without this, I understand that the SCDA reserves the right to refuse any ad copy or artwork until such time as this contract is returned completed. Ads can be emailed to: burkem@scda.org

DISPLAY AD SIZE: (Please circle one)

OUTSIDE BACK COVER (COLOR) 8 ½" X 11"	$1600
INSIDE FRONT COVER (COLOR) 8 ½" X 11"	$1400
INSIDE BACK COVER (COLOR) 8 ½" X 11"	$1300
PAGE 6 -FULL PAGE— (COLOR) 7 ½" X 9 ¾"	$1150
FULL PAGE— (COLOR) 7 ½" X 9 ¾"	$1000
FULL PAGE—(Black & White) 7 ½" X 9 ¾"	$900
HALF PAGE—(COLOR) 7 ½" X 4 ¾"	$800
HALF PAGE—(Black & White) 7 ½" X 4 ¾"	$700
QUARTER PAGE—(COLOR) 3 ½" X 4 ¾"	$600
QUARTER PAGE—(Black & White) 3 ½" X 4 ¾"	$500

Payment information:

Please include payment when returning contract. This reserves your place in the directory.

Credit Card: O Master Card O Visa O Discover O AMEX # _____

Expiration Date: _____ **Signature:** _____

Check enclosed Check # _____

Fax this form to 803-750-1644 or email to burkem@scda.org if paying by credit card. If paying with check please mail in no later than November 14, 2025.

South Carolina Dental Association
Attn: Maie Burke – Directory
120 Stonemark Lane
Columbia, SC 29210