

HOW TO PLACE A CLASSIFIED AD

NOTICE: The following ad must be filled out for all classified ads. No ads will run until this form is received in the SCDA office. Classified advertising is \$35.00 per issue and is ongoing until cancelled. All ad copies and cancellations must be received by no later than the 10th

of the month prior to the month of publication, with remittances accompanying the ads. You must use the form below to submit your classified advertisement. THE AD MUST BE LESS THAN 50 WORDS.

PLEASE PRINT CLEARLY OR TYPE AND FILL IN ALL SECTIONS:

Company/Dentist:			
Contact:			
Title:			
		Zip:	
Phone:			
Email address:			
AD COPY:			
The ad is \$35 on a per issu	ue basis and will con	tinue to run until you call to cancel.	
Payment Method:			
☐ Master Card ☐ Visa ☐ Discover	☐ AMEX #		
Expiration Date: Si	gnature:		
Check enclosed #			
☐ Please send my paid receipt:	☐ Regular mail	☐ Email	

Please return this form either by emailing, faxing or mailing to address below

South Carolina Dental Association Attn: Maie Burke – classified ads burkem@scda.org 120 Stonemark Lane Columbia SC 29210 (803) 750-1644 fax