

{Award Winning Journal Since 1914}

Pennsylvania Dental Journal

MEDIA KIT



THE PENNSYLVANIA DENTAL JOURNAL is the best means of reaching the dental professional in Pennsylvania. Its unique demographics will enable you to make the most of your advertising budget. Costing only pennies per contact, the *Journal* is the most cost-effective means of reaching your target audience to promote dental products and services. In fact, in our most recent member communications survey 91 percent of the respondents rated the *Journal's* overall quality as excellent or good, and 83 percent of them read at least half of the *Journal* or more when they receive it.

2014 ADVERTISING RATES

Cover and Premium Position Rates*

LOCATION	SIZE	RATE
BACK COVER	7.5 X 10	\$815.00
INSIDE BACK COVER	7.5 X 10	\$670.00
INSIDE FRONT COVER	7.5 X 10	\$705.00
PAGE 1	7.5 X 10	\$650.00

*Rates do not include required 4-color charge.

Ad Sizes and Rates

SIZE	1x	3x	6x
FULL PAGE	\$650.00	\$565.00	\$500.00
2/3 PAGE	\$495.00	\$445.00	\$390.00
1/2 PAGE	\$425.00	\$380.00	\$325.00
1/3 PAGE	\$345.00	\$305.00	\$280.00
1/4 PAGE	\$290.00	\$260.00	\$220.00

Color

2-COLOR	\$375.00
4-COLOR	\$750.00

**Rates do not include space charge

BUSINESS REPLY CARD

PRINTING AND INSERTION \$650.00

NOTE: Center spread ads and location opposite editorial are 25% above regular rates. Special page or location placement requests (excluding cover and premium positions) are 20% above regular rates. A 15% discount on space only is given to recognized agencies. An additional 25% will be charged for ad design.

Production Requirements

Display advertising space must be reserved two months prior to publication of each issue. (For example, ads for the January/February issue are due by November 1.) No cancellations are accepted after the closing date. Completed display advertising contracts should be sent to Rob Pugliese, director of communications, by the closing date. They can be faxed to (717) 234-2186 or emailed to Rob's attention at rap@padental.org.

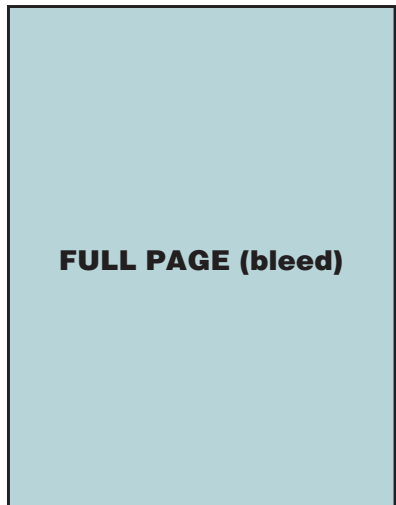
ACCEPTABLE FILES

- Hi-res PDF file.
- CD containing a Quark X Press file and all supporting images and fonts.
- CD containing a Adobe Illustrator EPS and all supporting images and fonts.
- **Each option must include an actual size proof.**

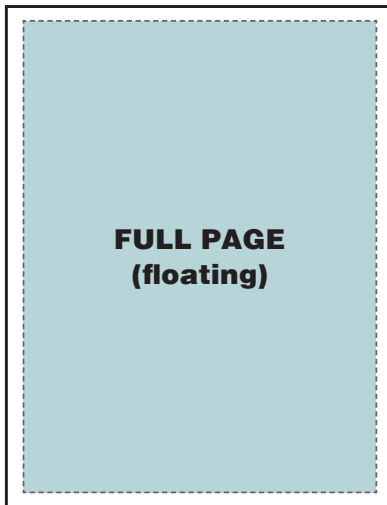
Camera-ready artwork or right-reading (emulsion down) offset negatives also are accepted. Halftones must be no more than 150-line screen. Negatives for color ads should include register marks and should be accompanied by a color proof. An additional 25 percent will be charged for ad design.

ADVERTISING SIZES

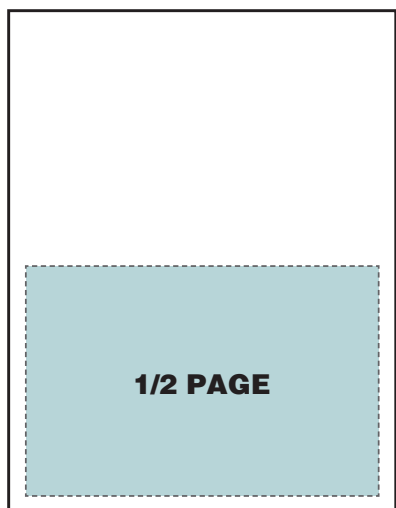
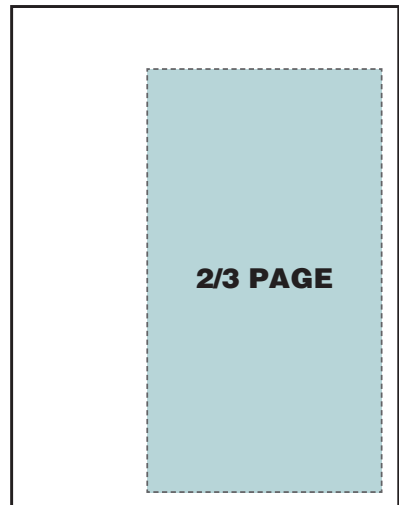
[8.75" x 11.25"
Live area: 8.5" x 11"]



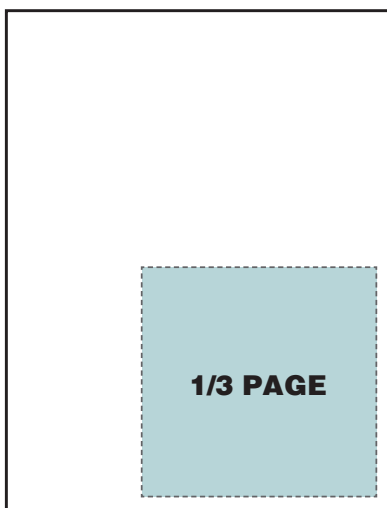
[7.5" x 10"]



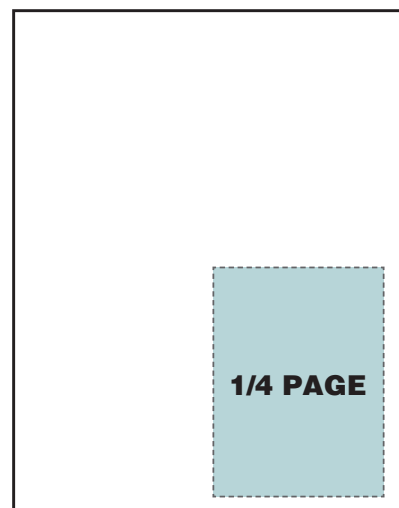
[5" x 9"]



[7.5" x 4.875"]



[5" x 4.875"]



[3.625" x 4.875"]

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DISPLAY ADVERTISING CONTRACT

This contract is by and between the Pennsylvania Dental Association (“publisher”), publisher of the Pennsylvania Dental Journal, and _____ (“advertiser”).

Payment for advertising covered by this contract will be made within thirty days of date of billing by the publisher. A 1.5 percent penalty (compounded monthly) will be charged to all accounts 30 or more days past due. First time advertisers must submit full payment with insertion order.

The publisher reserves the right to cancel the contract at any time upon default by the advertiser in the payment of bills. In the case of delinquency in payment or impaired credit of the advertiser, the publisher shall have the right at any time to change the requirements as to terms of payment for further advertising under this contract.

Authority is given to repeat previous copy if new copy is not received by closing date as stated on the official rate card.

Advertiser/Client

Contact person (please print)

Signature

Address

City

Telephone

SIZE	INSERTION ISSUE(S)	RATE	INVOICE TO:
<input type="checkbox"/> FULL PAGE	<input type="checkbox"/> JAN/FEB 20 ____	\$ _____	<input type="checkbox"/> ADVERTISER
<input type="checkbox"/> 2/3 PAGE	<input type="checkbox"/> MAR/APR 20 ____		<input type="checkbox"/> AGENCY
<input type="checkbox"/> 1/2 PAGE	<input type="checkbox"/> MAY/JUN 20 ____		
<input type="checkbox"/> 1/3 PAGE	<input type="checkbox"/> JUL/AUG 20 ____		
<input type="checkbox"/> 1/4 PAGE	<input type="checkbox"/> SEP/OCT 20 ____		
	<input type="checkbox"/> NOV/DEC 20 ____		

Authorized Agent

Title

Advertising Agency

Signature

Date