

## Classified Listings

*(Printed MDA News & Website Listing)*

The Maine Dental Association offers classified listings in the quarterly MDA News and on the MDA website.

- MDA News: Listings of up to **50 words** are **\$50 per insertion**, per printed issue for the quarterly journal. Each additional word costs \$.50
  - You may also purchase a **boxed listing** (printed MDA News only) with larger type and prominent placement for **\$75.00**.
- MDA Website: A web-based listing is **\$50** for three months. If you wish to continue your listing, contact the MDA office, and if there are changes, resubmit the listing in writing by mail or email.

Payment must accompany listing.

Listings for the printed MDA News must be received by January 1 for winter issue, April 1 for spring issue, July 1 for summer issue, or October 1 for fall issue. Classifieds for website only can be requested at any time.

**Mail your listing to:**

Or **email to:** sbaird@medental.org

Maine Dental Association, PO Box 215  
Manchester, ME 04351

*Please type or print clearly.*

Name:

Office Address:

Listing content:

The Maine Dental Association reserves the right to edit listings at its discretion.

<p><input type="checkbox"/> <b>CLASSIFIED LISTING</b> —Choose one or both.</p> <p><input type="checkbox"/> Mailed MDA News</p> <div style="display: flex; justify-content: space-around;"> <span><input type="checkbox"/> Winter (due Jan 1)</span> <span><input type="checkbox"/> Spring (due Apr 1)</span> </div> <div style="display: flex; justify-content: space-around;"> <span><input type="checkbox"/> Summer (due Jul 1)</span> <span><input type="checkbox"/> Fall (due Oct 1)</span> </div> <p><input type="checkbox"/> Website listing</p> <p>Start date: _____</p> <p>End date: _____</p>	<p><input type="checkbox"/> <b>BOXED LISTING</b> <i>(Printed MDA News only)</i></p> <p><input type="checkbox"/> 1 placement - \$75.00</p> <div style="display: flex; justify-content: space-around;"> <span><input type="checkbox"/> Winter (due Jan 1)</span> <span><input type="checkbox"/> Spring (due Apr 1)</span> </div> <div style="display: flex; justify-content: space-around;"> <span><input type="checkbox"/> Summer (due Jul 1)</span> <span><input type="checkbox"/> Fall (due Oct 1)</span> </div> <p>_____ (number of placements) \$_____ Amount enclosed</p>
--	---



## CREDIT CARD AUTHORIZATION

By signing this form, you give us permission to charge your credit card for the amount indicated below.

I, \_\_\_\_\_ (Cardholder), authorize Maine Dental Association (Merchant) to charge my credit card (as indicated below) for \$ \_\_\_\_\_.  
The payment is for the following: \_\_\_\_\_

### BILLING INFORMATION

Billing Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### CREDIT CARD INFORMATION

Card Type: ☐ Mastercard | ☐ VISA | ☐ Discover | ☐ AMEX | ☐ Other \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Card Number (#): \_\_\_\_\_

Expiration: \_\_\_\_\_ (mm/yy) CVV: \_\_\_\_\_ Cardholder ZIP: \_\_\_\_\_

### CARDHOLDER SIGNATURE

I authorize the above named merchant to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one (1) use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

**Disclaimer:** A \$50.00 fee will be added to payment if provided information does not match credit card information on file with credit card company and has to be resubmitted to credit card company. By signing above you agree to these terms and conditions.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Internal Use Only  
Received By: \_\_\_\_\_  
Date: \_\_\_\_\_