

Classified Listings for Member Dentists

(Printed MDA News & Website Listing)

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

Listings of up to 50 words are free of charge to member dentists. Each additional word costs \$.25.

Listings will run in one quarterly issue of the *MDA News* and for three months on the MDA website. Please contact the MDA Office to cancel your listing prior to requested run. If you wish to continue your listing, contact the MDA office, and if there are changes, resubmit the listing in writing by mail, fax, or email.

MDA members may also purchase a boxed listing (printed *MDA News* only) with larger type and prominent placement for a **reduced fee**.

1 placement - \$50 2-3 placements - \$45 each 4 placements - \$40 each

Payment must accompany listing.

All copy 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: <input type="text"/>	
Office Address: <input type="text"/>	
Listing content: <input type="text"/>	
The Maine Dental Association reserves the right to edit listings at its discretion.	
<input type="checkbox"/> FREE LISTING — Choose one or both. <input type="checkbox"/> Mailed <i>MDA News</i> <input type="checkbox"/> Winter (due Jan 1) <input type="checkbox"/> Spring (due Apr 1) <input type="checkbox"/> Summer (due Jul 1) <input type="checkbox"/> Fall (due Oct 1) <input type="checkbox"/> Website listing Start date: _____ End date: _____	<input type="checkbox"/> BOXED LISTING FOR FEE (<i>Printed MDA News only</i>) <input type="checkbox"/> 1 placement - \$50 <input type="checkbox"/> 2-3 placements - \$45 each <input type="checkbox"/> 4 placements - \$40 each <input type="checkbox"/> Winter (due Jan 1) <input type="checkbox"/> Spring (due Apr 1) <input type="checkbox"/> Summer (due Jul 1) <input type="checkbox"/> Fall (due Oct 1) _____ (number of placements) \$ _____ Amount enclosed



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: _____