



MAINE  
DENTAL  
ASSOCIATION

# Advertisement Opportunities

2025

# GENERAL INFORMATION

## **MDA Advertising Standards**

The Maine Dental Association welcomes advertising as a means of keeping members informed of products and services. Publication of an advertisement is not to be interpreted as an endorsement by the MDA unless specifically stated. The MDA reserves the right to accept or reject advertising at its sole discretion.

## **Commissions:**

As a professional association, the MDA will not pay commissions on any placements.

## **Liability:**

The MDA News shall have no liability of any kind to the advertiser on account of errors on any advertisement published. The MDA, at its discretion, may afford to the advertiser, without charge, advertising space equal to the amount in error only.

## **Payment:**

Advertising will not be published without confirmation of payment. Payment is accepted in the form of check or credit card. Should you have questions, contact Therese Cahill at [tcahill@medental.org](mailto:tcahill@medental.org).

Checks can be mailed to the following address:

Maine Dental Association

PO Box 215

Manchester, ME 04351

# MDA NEWS JOURNAL

MDA News is a quarterly printed newsletter mailed to all its members and preferred business partners. In addition, a week after publication the MDA News Journal is available electronically to members.

Details: 8.5” x 11”, printed in full color (cmyk), price is per ad per printed issue unless bundled with a discounted rate.

Recommendation: At no additional cost, it is recommended if purchasing advertisement for multiple issues, a new ad is submitted each quarter. Changing the ad will continue to keep your audience engaged and is a great way to announce events/promotions.

Style	Measurements	Price per Ad per Issue	Preferred Business Partner Rate per Ad per Issue
Front Inside Cover	8.5” x 11”	\$1,000.00	\$900.00
Full Page	8.5” x 11”	\$900.00	\$800.00
2/3 Page	8.5” x 7.25”	\$850.00	\$750.00
1/2 Page	8.5” x 5.5” or 4.25” x 11”	\$800.00	\$700.00
1/3 Page	8.5” x 3.25” or 2.75” x 11”	\$750.00	\$650.00
1/4 Page	4.25” x 5.5”	\$700.00	\$600.00

Measurements do not include bleed marks. Please ensure any messaging is .5 away from margin

## PRODUCTION & GENERAL INFORMATION

### General Information:

The MDA News is a quarterly publication, printed in full color. The size is 8.5 inches by 11 inches, and is typically 20-26 pages. You may submit ads by e-mail in .PDF, .JPG, or .PNG files. All ads are published in color.

### Advertisement Deadlines:

Winter 2025 - January 1, 2025

Spring 2025 - April 1, 2025

Summer 2025 - July 1, 2025

Fall 2025 - October 1, 2025

### DISCOUNT RATE:

Purchase a placement for all four issues and receive a 35% discount. Discount is only applicable to individuals who purchase advertisements prior to the first publication.

# MDA MEMBERSHIP ROSTER

MDA's mission is to support members in achieving excellence in dentistry. By providing a membership roster (directory), it allows for networking, referrals, and connecting members with the shared goal of advancing oral health care in Maine. This roster is available to all members electronically and updated bi-weekly. The roster holds key information and contact information for Practicing Members, Specialists, Non-Practicing Members, Preferred Business Partners, and MDA Past Presidents.

Details: 8.5" x 11.5", Digital PDF format

Style	Measurements	Price per Ad per Issue	Preferred Business Partner Rate per Ad per Issue
Front Inside Cover	8.5" x 11"	\$1,000.00	\$900.00
Full Page	8.5" x 11"	\$900.00	\$800.00
2/3 Page	8.5" x 7.25"	\$850.00	\$750.00
1/2 Page	8.5" x 5.5" or 4.25" x 11"	\$800.00	\$700.00
1/3 Page	8.5" x 3.25" or 2.75" x 11"	\$750.00	\$650.00
1/4 Page	4.25" x 5.5"	\$700.00	\$600.00

Measurements do not include bleed marks. Please ensure any messaging is .5 away from margin

## PRODUCTION & GENERAL INFORMATION

### General Information:

The MDA Membership Roster is available electronically and updated bi-weekly. Advertisements will run on a quarterly rotation - Fall, Winter, Spring & Summer. You may submit ads by e-mail in .PDF, .JPG, or .PNG files. All ads will be in color.

### Advertisement Deadlines:

Winter 2025 - January 1, 2025

Spring 2025 - April 1, 2025

Summer 2025 - July 1, 2025

Fall 2025 - October 1, 2025

### DISCOUNT RATE:

Purchase a placement for all four issues and receive a 35% discount. Discount is only applicable to individuals who purchase advertisements prior to the first publication.

# ADVERTISING DIMENSIONS

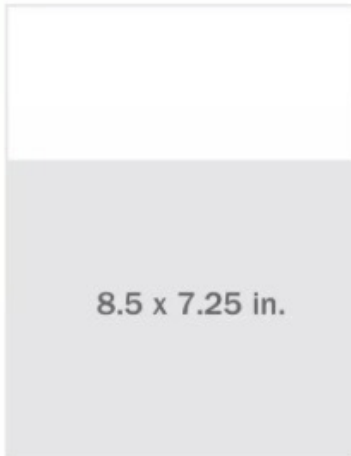
FULL-PAGE



8.5 x 11 in.



2/3 PAGE



8.5 x 7.25 in.

1/2 PAGE HORIZONTAL



8.5 x 5.5 in.

1/2 PAGE VERTICAL



4.25  
x  
11 in.

1/3 PAGE HORIZONTAL



8.5 x 3.25 in.

1/3 PAGE VERTICAL



2.75  
x  
11 in.

1/4 PAGE



4.25  
x  
5.5 in.

# MDA ADVERTISING ORDER FORM

## Company Information

Company: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

Email / Phone Number: \_\_\_\_\_

**Directions:** Please select your choice of advertisement by selecting the size and preferred issue/placement season(s). Prices below are per ad per issue/placement.

### *MDA News Journal - Printed*

Size	Issue(s)
<input type="checkbox"/> Front Inside Cover - \$1,000.00	<input type="checkbox"/> Fall Issue
<input type="checkbox"/> Full Page - \$900.00	<input type="checkbox"/> Winter Issue
<input type="checkbox"/> 2/3 Page - \$850.00	<input type="checkbox"/> Spring Issue
<input type="checkbox"/> 1/2 Page - \$800.00	<input type="checkbox"/> Summer Issue
<input type="checkbox"/> 1/3 Page - \$750.00	
<input type="checkbox"/> 1/4 Page - \$700.00	

### *MDA News Journal - Printed Preferred Business Partner Rate*

Size	Issue(s)
<input type="checkbox"/> Front Inside Cover - \$900.00	<input type="checkbox"/> Fall Issue
<input type="checkbox"/> Full Page - \$800.00	<input type="checkbox"/> Winter Issue
<input type="checkbox"/> 2/3 Page - \$750.00	<input type="checkbox"/> Spring Issue
<input type="checkbox"/> 1/2 Page - \$700.00	<input type="checkbox"/> Summer Issue
<input type="checkbox"/> 1/3 Page - \$650.00	
<input type="checkbox"/> 1/4 Page - \$600.00	

### *MDA Membership Roster - Digital*

Size	Placement(s)
<input type="checkbox"/> Front Inside Cover - \$1,000.00	<input type="checkbox"/> Fall
<input type="checkbox"/> Full Page - \$900.00	<input type="checkbox"/> Winter
<input type="checkbox"/> 2/3 Page - \$850.00	<input type="checkbox"/> Spring
<input type="checkbox"/> 1/2 Page - \$800.00	<input type="checkbox"/> Summer
<input type="checkbox"/> 1/3 Page - \$750.00	
<input type="checkbox"/> 1/4 Page - \$700.00	

### *MDA Membership Roster - Digital Preferred Business Partner Rate*

Size	Placement(s)
<input type="checkbox"/> Front Inside Cover - \$900.00	<input type="checkbox"/> Fall
<input type="checkbox"/> Full Page - \$800.00	<input type="checkbox"/> Winter
<input type="checkbox"/> 2/3 Page - \$750.00	<input type="checkbox"/> Spring
<input type="checkbox"/> 1/2 Page - \$700.00	<input type="checkbox"/> Summer
<input type="checkbox"/> 1/3 Page - \$650.00	
<input type="checkbox"/> 1/4 Page - \$600.00	

## Payment Options

Invoice Company       Check - Mailed       Credit Card - Authorization form attached

Amount: \_\_\_\_\_

Signature: \_\_\_\_\_



## CREDIT CARD AUTHORIZATION

By signing this form, you give us permission to charge your credit card for the amount indicated on or after the indicated date.

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: \_\_\_\_\_