Journal Classified Advertising Request for Placement

Louisiana Dental Association: (check one)  □ Member  □ Nonmember

Name

Address

Phone ___________________________ Fax ___________________________

E-mail ___________________________

Text for Classified Ad (Use another page if necessary):


Word Count _______________________

Classified Advertising Rates
(Must be prepaid, Maximum of any ad, 200 words.)

<table>
<thead>
<tr>
<th>Description</th>
<th>Members</th>
<th>Non-LDA Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>UP TO 30 WORDS</td>
<td>$30</td>
<td>$55</td>
</tr>
<tr>
<td>EACH ADDITIONAL WORD</td>
<td>$0.15</td>
<td>$0.30</td>
</tr>
<tr>
<td>PHOTO WITH AD</td>
<td></td>
<td>Additional $50</td>
</tr>
</tbody>
</table>

(Classified rates are based on ads being published in one issue of the LDA Journal, as well as the added value of instantly placing the ad for three months on the LDA website. Ads can be paid via check or credit card. Make checks payable to the Journal of the Louisiana Dental Association. Payment is required in advance and classified ads will be placed on the website on the next possible business day after payment is received.) See page 2 for credit card payment information.

For more information or to place a classified ad:
- Paying by check: mail this form and a check to LDA Journal Business Manager William M. Hall, Jr., D.D.S., 7600 Fern Ave., Ste. 1100, Shreveport, LA 71105, Ph: 318-865-1469, e-mail: dr802@bellsouth.net.
- Credit card payments should be sent directly to the LDA: LDA Journal Managing Editor Annette Droddy, 5637 Bankers Ave., Baton Rouge, LA 70808, Ph: 225-926-1986, FAX: 225-926-1886, e-mail: info@ladental.org.
Check enclosed: ___________ YES ___________ NO

OR charge my credit card (fill out blanks below). ***

TOTAL Payment, including credit card surcharge, if applicable: $___________

-------------------------------------------------------------
Visa/MasterCard number

-------------------------------------------------------------
Exp. Date Three-Digit Code on Back of Card

-------------------------------------------------------------
Signature

-------------------------------------------------------------
Name

-------------------------------------------------------------
Address

-------------------------------------------------------------
Telephone

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E-mail

***We impose a surcharge of 3% on the transaction amount on credit card products, which is not greater than our cost of acceptance.