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

Name ____________________________________________

Address _________________________________________

Phone __________________________ Fax __________________

E-mail ____________________________________________

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

________________________________________________________________________

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Word Count __________________

<table>
<thead>
<tr>
<th>Classified Advertising Rates</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Must be prepaid, Maximum of any ad, 200 words.)</td>
<td></td>
</tr>
<tr>
<td>UP TO 30 WORDS</td>
<td>Members $30</td>
</tr>
<tr>
<td></td>
<td>Non-LDA Members $55</td>
</tr>
<tr>
<td>EACH ADDITIONAL WORD</td>
<td>Members $0.15</td>
</tr>
<tr>
<td></td>
<td>Non-LDA Members $0.30</td>
</tr>
<tr>
<td>PHOTO WITH AD</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, send 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 to: LDA Journal Managing Editor Annette Droddy, 7833 Office Park Blvd., Baton Rouge, LA 70809, Ph: 225-926-1986, FAX: 225-926-1886, e-mail: info@ladental.org.
Journal Classified Advertising Payment Information

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

__________________________________________________________________________
E-mail

***We impose a surcharge of 2.25% on the transaction amount on credit card products, which is not greater than our cost of acceptance.