



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 <i>(Must be prepaid, Maximum of any ad, 200 words.)</i>	
UP TO 30 WORDS	Members \$30 Non-LDA Members \$55
EACH ADDITIONAL WORD	Members \$0.15 Non-LDA Members \$0.30
PHOTO WITH AD	Additional \$50
<i>(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.</i>	
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.**