

CLASSIFIED AD REQUEST

Dentists' Name or Company Name _____

Are you an LDA Member? ☐ Yes ☐ No

Address _____

Phone _____

E-mail _____

The above section's information will not appear in your ad, so please include your preferred contact information in the text of your ad.

Text for Classified Ad (200 word limit, may be attached as Word or PDF file)

CLASSIFIED ADVERTISING RATES	LDA Members	Non-LDA Members
UP TO 30 WORDS	\$30	\$55
EACH ADDITIONAL WORD	\$0.15 per word	\$0.30 per word
INCLUDE A PHOTO	\$50	\$50

Ads appear at ladental.org/classifieds for three months, then in the upcoming issue of the *LDA Journal*. Ads must be paid for upfront. Ads will appear on website within one business day of payment.

Ad Payment Options

Pay by card over the phone: Email only this completed page to rebecca@ladental.org. You will receive a call to complete your payment.

Pay by card (email OR mail): Email this completed form (both pages) to rebecca@ladental.org OR mail to the address below.

Pay by check: Mail only this completed page and a check made out to the *LDA Journal* to this address:
ATTN: *LDA Journal* Managing Editor
5637 Bankers Avenue
Baton Rouge, LA 70808

CLASSIFIED AD CARD PAYMENT

Fill out this page only if you are paying by credit or debit card. To pay by card over the phone instead, simply email the first page of this form to rebecca@ladental.org. You'll receive a call to make your payment.

☐ Paying with credit card*

☐ Paying with debit card

TOTAL Payment, including 3% if applicable*: _____

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

Visa/Master/Amex Card Number

Exp. Date

Three-Digit Code on Back of Card

Signature

Name

Billing Address

Phone

E-mail