



# Louisiana Dental Association Journal

## Display Advertising Insertion Order

Advertiser Organization: \_\_\_\_\_

Contact Name(For Billing): \_\_\_\_\_ Email: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name(For Ad Design): \_\_\_\_\_ Email: \_\_\_\_\_

### Ad Information

**Issue:**

- Spring, Year: \_\_\_\_\_
- Summer, Year: \_\_\_\_\_
- Fall, Year: \_\_\_\_\_
- Winter, Year: \_\_\_\_\_

We offer a **10% discount** to advertisers who purchase 4 consecutive ads. **If you purchase 4 consecutive ads, payment MUST be made upfront, in full.**

**Size and Per-Issue Pricing:**

- Full Page (\$875)
- 1/2 Page Horizontal (\$650)
- 1/4 Page Vertical (\$475)

**Add-Ons:**

- Two page spread: \$300 extra
- Centerfold position: \$250 extra
- Forward placement: \$40 extra

Email ads to **rebecca@ladental.org** by the issue deadlines listed at **ladental.org/mediakit**

**If paying by check, please fill out the section below. If paying by credit card, skip and move to the next page.**

**Total Ad Cost:** \$ \_\_\_\_\_

**Advertiser's Billing Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please submit insertion orders by mail, or e-mail to:**

Rebecca Bordelon, managing editor, *LDA Journal*,  
5637 Bankers Ave.,  
Baton Rouge, LA 70808

**E-mail: rebecca@ladental.org Phone: (225) 926-1986**

**For ad dimensions, distribution dates, and deadlines, visit [ladental.org/mediakit](http://ladental.org/mediakit).**

# DISPLAY AD CREDIT CARD PAYMENT

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

**TOTAL payment, including credit card surcharge\*:** \_\_\_\_\_

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

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Visa/Master/Amex Card Number

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Exp. Date

Three-Digit Code on Back of Card

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Signature

---

Name

---

Billing Address

---

Phone

---

E-mail

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