

**2020-21 MAGAZINE ADVERTISING
INSERTION REQUEST FORM**

(please email completed form to admin@ottawadentalsociety.org)

Please select one

RUN AD:

- 1 TIME 3 TIMES
 2 TIMES 4 TIMES

A 10% discount (before taxes) will apply if you advertise and prepay for all 4 issues by July 17th, 2020.

Please select one

- Please use the same artwork for all issues
(ODS will **NOT** contact the advertiser prior to printing.)
- Please contact us for new artwork each time
(ODS **WILL** contact the advertiser for new artwork prior to printing.)

Please indicate the date(s) you would like your advertisement to be published:

<u>Mailing Date:</u>	<u>Artwork Submission Deadline:</u>
<input type="checkbox"/> SEPTEMBER 14, 2020	AUGUST 19, 2020
<input type="checkbox"/> NOVEMBER 30, 2020	NOVEMBER 4, 2020
<input type="checkbox"/> FEBRUARY 22, 2021	JANUARY 27, 2021
<input type="checkbox"/> MAY 3, 2021	APRIL 7, 2021

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<u>Ad sizes (width x height)</u>	<u>Rates:</u>
<input type="checkbox"/> FULL PAGE (8.5" X 11")	\$625 + 13% HST
<input type="checkbox"/> HALF PAGE (8.0" X 5.0")	\$345 + 13% HST
<input type="checkbox"/> QUARTER PAGE (4.0" X 5.0")	\$200 + 13% HST
<input type="checkbox"/> BUSINESS CARD (3.5" X 2.0")	\$110 + 13% HST

ADVERTISER INFORMATION:

Contact Name: _____ Email Address: _____
 Company Name: _____ Telephone: _____
 Mailing address: _____ Fax: _____
 City: _____ Province/State: _____ Postal Code/Zip: _____

I have read the ODS' 2020-21 Advertising Terms and Conditions and agree to comply with them.

Acceptance: _____ Date: _____

PAYMENT: *(Please note payment must accompany each insertion request.)*

Amount: \$ _____ (apply 10% discount if applicable and include 13% HST) HST #8746 93757 RT0001

Do you require an invoice? Yes No

Method of Payment: Visa MasterCard AMEX Cheque (enclosed)

Credit Card #: _____ Expiry: _____ / _____ Security Code: _____

Cardholder's Name: _____ Signature: _____
(please print)

For Office Use Date Paid: _____ Auth./Chq. # _____ Invoice # _____ Receipt # _____