



2021-22 MAGAZINE ADVERTISING
INSERTION REQUEST FORM

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

Please select one

RUN AD:

- 1 TIME, 2 TIMES, 3 TIMES, 4 TIMES

A 10% discount (before taxes) will apply if you advertise and prepay for all 4 issues by July 16th, 2021.

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:

Table with 2 columns: Mailing Date, Artwork Submission Deadline. Includes dates like SEPTEMBER 13, 2021, AUGUST 18, 2021, etc.

A 10% discount (before taxes) will apply if you advertise and prepay for all 4 issues by July 16th, 2021.

Table with 2 columns: Ad sizes (width x height), Rates. Includes FULL PAGE (8.5" X 11"), HALF PAGE (8.0" X 5.0"), etc.

ADVERTISER INFORMATION:

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

I have read the ODS' 2021-22 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 # _____