



2023-24 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 21st, 2023.

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 from September 2023 to April 2024.

A 10% discount (before taxes) will apply if you advertise and prepay for all 4 issues by July 21st, 2023.

Table with 2 columns: Ad sizes (width x height), Rates. Includes options for Full Page, Half Page, Quarter Page, and Business Card with corresponding rates.

ADVERTISER INFORMATION:

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

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

Acceptance: Date:

PAYMENT: (Payment must accompany each insertion request. You may call in credit card information)

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

Do you require an invoice prior to making payment? Yes No A receipt will be issued following payment

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 #