



2024 ADVERTISING RATES

The IAGD newsletter is published three times annually: April, September, and November. **Our April issue is mailed to all dentists in the state of Iowa, which is over 1,900.** This publication provides the general dentists in the state with current information on the issues important on a local, state and national level.

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Display Advertising

The IAGD is pleased to offer you a great way to reach out to the general dentists in Iowa. We welcome advertising as a way to inform members about products and services for the practice of dentistry. Advertising must be truthful, tasteful and intended to provide useful information. All advertising submitted to the IAGD is subject to approval. No cancellations accepted after the 25th of the month prior to publication.

Display Ad Rates

The IAGD advertising rates include an ad in each of the 3 (three) publications. **The rate is a yearly fee.** You would need to supply artwork/ad by the deadlines listed below). Depending on the size of the ad you wish to run will determine the cost. **All ads need to be in Black and White only.**

Size	B & W	Size
Half	\$600	7.5" x 4.875"
Quarter	\$400	4.9375" x 4.875"
1/8	\$200	2.375" x 4.875"
Sponsor Box	\$150	Line Listing

Rates effective through December 2016. Rates will not increase for 2017.

Display Advertising Deadlines

Issue	Ad Due	Mails
April	March 1 st	by April 15 th
September	August 1 st	by September 15 th
November	October 15 th	by November 15 th

Design Specs

All artwork/ads must be camera ready. Press ready PDF files are preferred. Microsoft Word or Photoshop are acceptable. When creating PDF files, please embed all fonts and graphics. A printout must accompany all Word or Photoshop files.

If you can not supply your own ad and would like us to design an ad for you, please contact us. We have a professional design service we can refer you to.



Iowa Academy of General Dentistry
2024 Display Advertisement Contract/Placement Order
(due February 1, 2024)

Payment for display ads, along with this signed contract must be received prior to the publication.

Contact Information:

Company Name: _____
Contact Person: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
Email: _____

Signature: _____
Date: _____

Payment Terms:

Ad size: _____
Ad rate: _____
Total due: _____

Please email or mail payment and Contract
to: Iowa Academy of General Dentistry
2244 Stockwell Street
Lincoln, NE 68502
402.438.2321 (phone)

Payment Type:

Check (enclosed) Credit Card

Credit card type: Visa Mastercard Discover American Express

Name on Card: _____
Credit Card #: _____
Expiration Date: _____
Billing Address and Zip Code: _____

3 digit code: _____ Billing address phone # _____

For more information contact:
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