



# Print Ad Order Form

This worksheet is designed to help us get to an efficient start. Please complete and fax to 803.831.0280. We look forward to doing a great job for you.

Date \_\_\_\_/\_\_\_\_/200\_\_

Client Name \_\_\_\_\_ Associate/Associates \_\_\_\_\_

Name of Practice \_\_\_\_\_

Please list address and phone number the way you want to have it listed:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_

Which type of dentistry do you want your print ad to attract?

Implants  Family  Cosmetic  General  Periodontal  Ortho  Pediatrics

Will you be using your current logo?  Yes  No If yes, please send as a JPEG, EPS or Illustrator file.

Are we designing a new logo to be used in the print ad?  Yes  No

Have you selected an ad you like from the samples provided? If so, which one? \_\_\_\_\_

Please list the names of local newspapers/magazines in your area that you are interested in placing your ad. Also list your sales reps contact info if you are actively running or have previously ran in the publication:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Yes, I'm interested in getting started. We will be sending information right away.

Please begin designing our new print ad! (\$1500)

Please begin creating our media schedule!

(\$900/qtr, based on a 13-week campaign and includes suggested sizes, contract rates, and frequency of publication. Actual ad costs are billed directly to the practice by each publication.)

Please charge to my  M/C  Visa  Discover  AMEX

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_