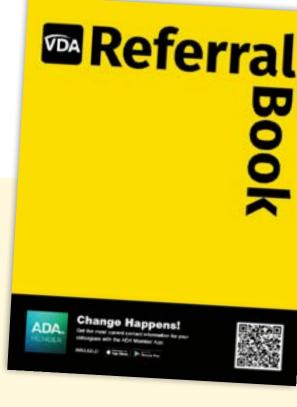
Annual VDA Referral Book Advertising Opportunities

he VDA is pleased to announce the publication of its annual Referral Book. The book features listings for VDA member specialists (members as of March 31). All members use the book to connect with their colleagues and refer their patients to other VDA members. Over the years, our Referral Book has become a huge success and is the go-to resource for dentists in Virginia.

Member Specialists Included:

- Dental Anesthesiology
- · Dental Public Health
- Endodontics
- Oral and Maxillofacial Pathology
- Oral and Maxillofacial Radiology
- Oral and Maxillofacial Surgery
- Oral Medicine
- Orofacial Pain
- · Orthodontics
- · Pediatric Dentistry
- Periodontics
- Prosthodontics



Distribution: 4,000 copies

Method: Print publication distributed to VDA members by mail and available online at vadental.org/referral-book.

Ad spots are limited and we will sell out quickly.

Plan ahead and reserve your ad spot today. Ad spots are filled on a first come, first served basis. Contact Shannon Jacobs at jacobs@vadental.org.

VDA ADVERTISING STANDARDS

The VDA Advertising Standards can be found at vadental.org/advertising. Please review these standards to be sure your business meets and understands our policies on advertising.

Contact Shannon Jacobs at jacobs@vadental.org.



Advertising Opportunities



Standard Placement Ads

Full Page 8.5" x 11" with 0.125" bleed \$2,000 Half Page 7" x 4.375" \$1,000

Special Placement Ads

Inside Front Cover 8.5" x 11" with 0.125" bleed One available: \$2,500

Inside Back Cover

8.5" x 11" with 0.125" bleed **One available: \$2,500**

Half Page Back Cover

7" x 4.375" with 0.125" bleed **One available: \$2,000**

Practice Highlight Full Page

8.5" x 11" with 0.125" bleed One available in each specialty: \$2,500

Practice Highlight Half Page

7" x 4.375" Two available in each specialty: \$1,500

Please note:

The VDA cannot guarantee the location of your ad placement **within** the book. Ads will be dispersed amongst the publication's content at the VDA's discretion. Exceptions include special placement ad spots listed at left.

Artwork Requirements:

Please see dimensions under each ad description. Artwork needs to be submitted as a highresolution PDF. If a bleed is used please include crop marks and bleed settings.

Virginia Dental

SOCIATION

VDA

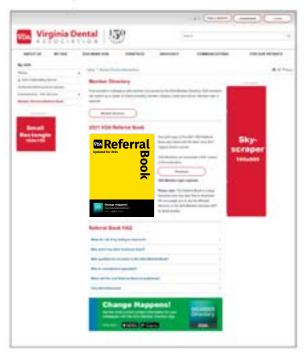
Contact Shannon Jacobs at jacobs@vadental.org.

Digital Ad Upgrades

Homepage

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Internal Pages



Many VDA members will be accessing the Referral Book listings through our website (vadental.org). Increase your exposure by reserving a digital ad throughout the year.

Note: Digital ad spots are not exclusive. A maximum of 4 ads per location can be accepted on a first come, first served basis.

Virginia Dental A S S O C I A T I O N

VDA

Ad Name	Size (Pixels)	Pages Visible On	Devices Visible On	Cost/3-months	Max File Size/ Format
Large Rectangle	300 x 250	Homepage Only	Desktop, Tablet & Mobile	\$400 with purchase of a print ad	40KB/ PNG, JPEG/RGB
Footer	728 x 90	All Site Pages	Desktop & Tablet	\$400 with purchase of a print ad	40KB/ PNG, JPEG/RGB
Small Rectangle	180 x 150	Internal Site Pages Only	Desktop, Tablet & Mobile	\$300 with purchase of a print ad	40KB/ PNG, JPEG/RGB

Artwork Requirements: Please see dimensions under each ad description. Artwork needs to be submitted as a 40KB PNG or JPEG file using RGB colors.

Contact Shannon Jacobs at jacobs@vadental.org.

Annual VDA Referral Book Advertising Reservation Form



Conta	ct In	torm	nation
CUIILA			ιατισπ

Company Name					
Primary Contact					
Street Address					
City	StateZip				
Phone ()	Ext Email				
Print Advertising Se	lection				
Ad Size/Placement					
Digital Advertising L	Jpgrade				
Ad Type:	Duration (3 months scheduled from confirmed start date):				
Large Rectangle	Proposed Start Date:				
Footer	PLEASE NOTE: The VDA will confirm the start and end date of your digital ad				
Small Rectangle	once your reservation and payment are received. The proposed start date can not be guaranteed.				
Payment Informatio	n				
Please bill my credit card	. The VDA accepts all major credit cards. \Box Mastercard \Box Visa \Box Discover \Box AMEX				
Credit Card Number	Expiration Date/				
Name on Card	Security Code				
Address on Card					
Amount to be Charged \$	Signature of Cardholder				
I have enclosed a che	ck payable to The Virginia Dental Association. Check number				
DEADLINE: Reserv	vation, payment and artwork are due by March 1.				
here to Send ur Reservation	Submit Advertising Reservation Form and Payment to: *Payment is due at the VIRGINIA DENTAL ASSOCIATION, Attn: Shannon Jacobs 2400 Mayland Qayta Quite 440 Distance d VA 02000				

3460 Mayland Court, Suite 110, Richmond, VA 23233

ion Payments are non-refundable.

time

Contact Shannon Jacobs at jacobs@vadental.org.

jacobs@vadental.org

Form & Payment

