



## NEWSLETTER CLASSIFIED ADVERTISING ORDER

Please print text of ad on the lines below. Ads are limited to 40 characters per line including spaces  
 Minimum ad charge is \$24 for 4 lines, additional lines \$3.00 per line,

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(Please Print)					
<b><u>CONTACT INFORMATION</u></b>					
Last name:	First:	MI:	<input type="checkbox"/> Publish one time only	<input type="checkbox"/> Publish monthly	<input type="checkbox"/> Other _____
Address:		Phone no.:		Cell no.:	
		(    )		(    )	
City:	State:	Zip Code:			
Email address:					

**DEADLINE FOR INSERT, DISPLAY & CLASSIFIED ADS:** The 15th of the month prior to publication.

### **PAYMENT INFORMATION**

\_\_\_ Ad payment enclosed \$\_\_\_\_\_ make check payable to "Lane County Dental Society"

\_\_\_ Please bill my office (LCDS dentist members only)

\_\_\_ Bill my Visa or Mastercard Account No: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_  Same as above Card expiration date: \_\_\_\_\_

Amount authorized \$\_\_\_\_\_  Monthly charge is authorized for multiple publication

Address/City/Zip of cardholder: \_\_\_\_\_  Same as above

3 digit CCV/Signature Code on back of card: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

LCDS reserves the right to refuse ad copy submitted for publication with the knowledge of the advertiser.