



CLASSIFIED AD INFORMATION

Ad Category: (check one)

- Practice For Sale/Lease
- Equipment For Sale/Lease
- Products & Services

Issue: (check at least one)

- Jan - Feb Mar - Apr
- May - Jun July - Aug
- Sept - Oct Nov - Dec

Add-on: (optional, check if yes)

- Include ad in one weekly email \$45*
Requires advertising commitment to 1 issue.

Are you a TDA member?

(If so, provide your ADA number. If not, leave blank)

ADA# _____

CLASSIFIED AD COPY

Please write or paste the text of your classified ad below.

CONTACT INFORMATION

Company Name _____

Primary Contact _____

Street Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

PAYMENT INFORMATION

Checks should be made payable to the Tennessee Dental Association.
Credit card payments by MasterCard or Visa only.

Payment Method (Check one): Credit Card Check
(Visa/Mastercard Only)

Name on Card _____

Credit Card # _____

Expiration Date _____ Security Code _____

INVOICE & BILLING PROCESS

Once you have completed this form, please email it to Janie Robbins, Marketing & Communications Coordinator. Upon receipt, the word count for your ad will be calculated, and an invoice will be sent to you for approval. Billing will occur once the invoice is approved.

If you would like to make changes to your ad, you may submit a revised version, and a new quote will be provided.

After invoice approval and receipt of payment, your classified ad will be posted online and included in the indicated issue(s) of the *TDA News* digital newsletter.

AUTHORIZATION

By signing this agreement I authorize the TDA to place this ad and am agreeing to the TDA Advertising Standards listed in the media kit. The TDA reserves the right to edit copy or reject any ad and does not assume liability for the contents of advertising. If applicable, I am authorizing the TDA to bill the credit card listed above and an adherence to payment via the card issuer's agreement.

Signature _____