

# Advertising Agreement 2025 Classified Advertisements

## CLASSIFIED AD INFORMATION

#### Ad Category: (check one)

Practice For Sale/Lease

Equipment For Sale/Lease

Products & Services

#### Issue: (check at least one)



## CONTACT INFORMATION

Email		Phone	
City	State		Zip
Street Address			
Primary Contact			
Company Name			

### PAYMENT METHOD

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

To pay via credit card, contact the TDA office at 615-628-0208.

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

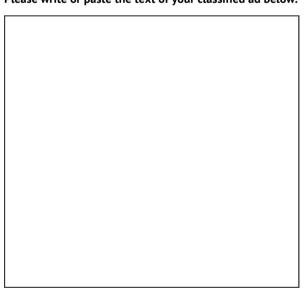
#### Are you a TDA member?

(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.



## INVOICE & BILLING PROCESS

Once you have completed this form, please email it to Janie Robbins, Marketing & Communications Coordinator at Janie@tndental.org. 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