



North Carolina Dental Gazette & Web Advertising 2024 Rates and Requirements

Publisher: North Carolina Dental Society
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E-mail: gazette@ncdental.org

Circulation: 4,000
Website: www.ncdental.org
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Printing Schedule

Artwork Submission Dates:

Spring – February 5

Winter – October 7

Summer Issue – June 10

Size	Cost (1x)	(3x)	Width (in.)	Depth (in.)
Full page, 4 color	\$1,870.00	\$1,650.00	7½" (8¾ Bleed)	10" (11¼ Bleed)
1/2-page, 4 color	\$990.00	\$880.00	7½"	5"
4-color IFC Cover	\$3,025.00	\$2,750.00	7½" (8¾ Bleed)	10" (11¼ Bleed)

Submission Requirements

Ads should be submitted in PDF format with a minimum resolution of 300 DPI. Artwork must be submitted by the deadline. Late submissions after the deadline will result in a \$100.00 additional charge.

Web Advertising

Digital banner web advertising is available for \$500/month for 3X Gazette advertisers, and \$750/month for 1X Gazette advertisers. Upon purchase, advertisers will receive rotating leaderboard, rectangle, skyscraper and footer ad exposure.

Payment Policy

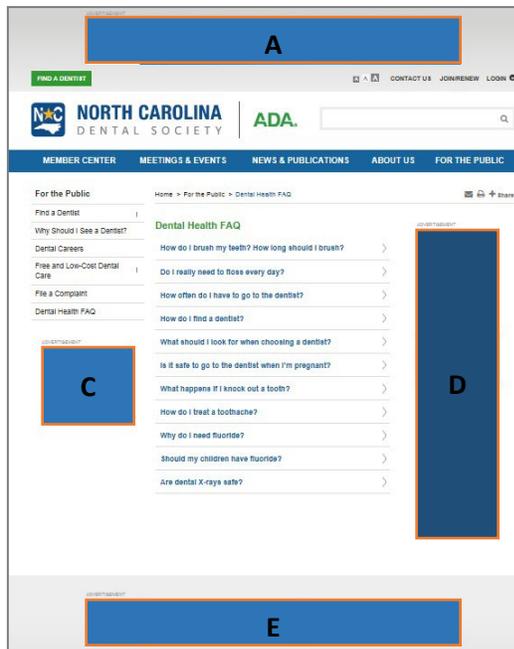
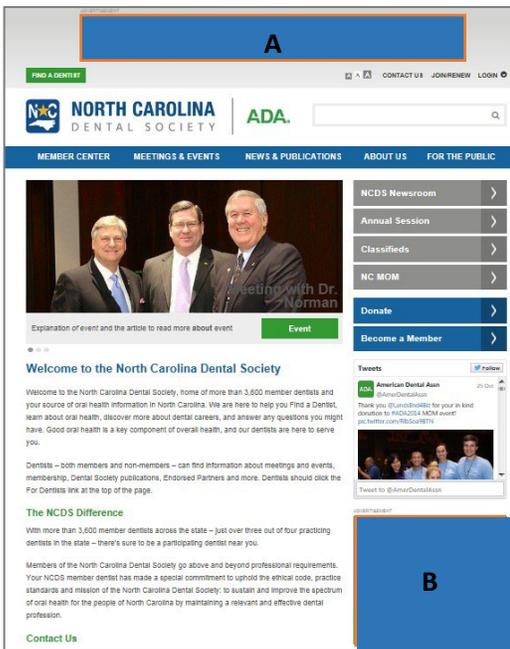
All ads are published on a space-available basis. After publication, the advertiser will receive a copy of the Gazette and an emailed invoice. Cash discounts and agency commissions are not available. Advertisements must be paid in full by April 2, 2024.

North Carolina Dental Gazette & Web Advertising

NC Dental Society Website Digital Banner Ad Opportunities

Available Ad Units:

- A. 728x90 Leaderboard – one, two, and three column pages (all pages) – top of page
- B. 300x250 Rectangle – homepage
- C. 180x150 Rectangle – two and three column page templates – left rail
- D. 160x600 Skyscraper – three column pages – right rail
- E. 728x90 Footer – one, two, and three column pages (all pages) – bottom of page



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*Please indicate banner ad purchase on the insertion contract.



North Carolina Dental Gazette & Web Advertising 2024 Contract / Insertion Request

Please indicate which issues in which you want advertise.

Spring **Summer** **Fall** **All**

Advertiser's Name: _____

Contact: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ Email: _____

Signature: _____ Date: _____

Materials Deadlines:

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Winter- October 7

Summer Issue – June 10

Check the box that indicates your ad preference & email completed insertion order to: oleathers@ncdental.org

Size

Full Page, 4-color

1/2 Page, 4-color

4-color Cover

Web Advertising