



North Carolina Dental Gazette & Web Advertising 2026 Rates and Requirements

Publisher: North Carolina Dental Society
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Circulation: 4,000
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Printing Schedule

Artwork Submission Dates:

Spring (Digital) – February 1
Winter – October 1

Summer Issue – June 1

Size	Cost (1x)	(2x)	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 unless confirmed with advertising coordinator.

Advertising Terms and Conditions

Publication and Space Availability: All advertisements will be published on a space-available basis. The availability of advertising space is subject to the publisher’s discretion.

Invoice and Payment Terms: Advertisers will receive a copy of the Gazette upon publication and will also receive an emailed invoice. A single invoice will be issued annually for all advertising charges.

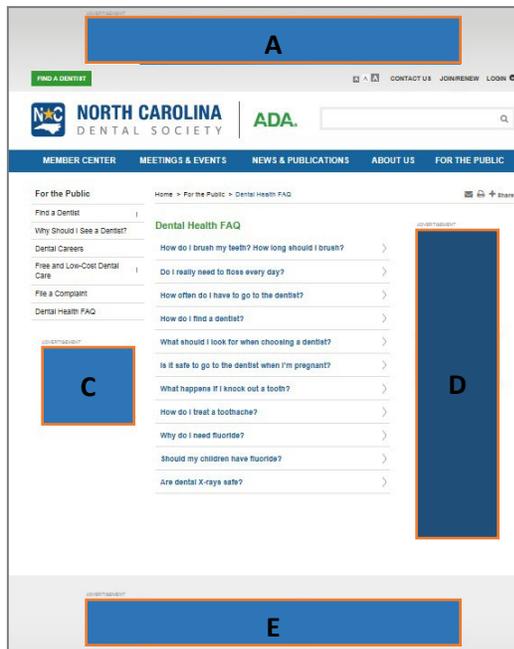
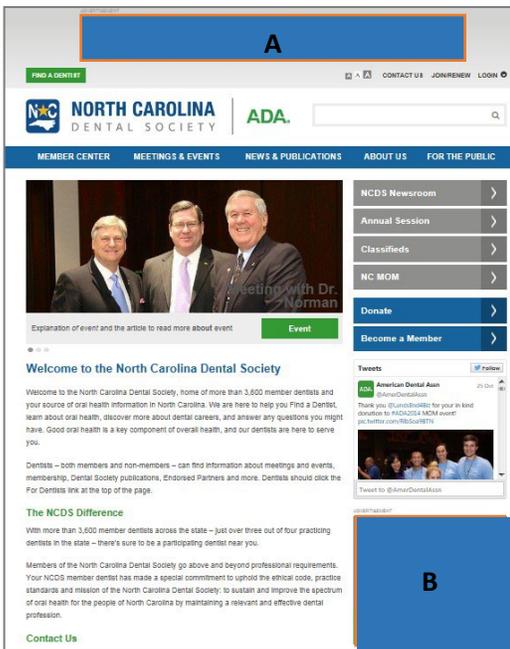
Payment Due Date: Payment for the invoice is due within 30 days from the date of the invoice.

Discounts and Commissions: Cash discounts and agency commissions are not available on advertisements.

****This contract and insertion order must be signed and submitted to oleathers@ncdental.org by February 14, 2025 to receive the early bird rate listed.**

North Carolina Dental Gazette & Web Advertising

NC Dental Society Website Digital Banner Ad Opportunities



Web Advertising

Digital banner web advertising is available for \$0/month for 3X Gazette advertisers.

*Please indicate banner ad request on the insertion contract.



North Carolina Dental Gazette & Web Advertising 2026 Contract / Insertion Request

Please indicate which issues in which you want advertise.

Spring -Digital **Summer** **Winter** **All**

Advertiser's Name: _____

Contact: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ Email: _____

Signature: _____ Date: _____

Materials Deadlines:

Spring (Digital) – February 1

Summer Issue – June 1

Winter- October 1

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