



California Dental Hygienists' Association
The Voice of Dental Hygiene

The *Journal* of the California Dental Hygienists' Association Advertising Specifications/Rates

Circulation: 5,000
Issuance: 3 times per year: Fall, Winter, Spring

Editor: Michelle Hurlbutt, RDH, BS
1685 Francis Avenue
Upland, CA 91784
mhurlbutt@earthlink.net

Send all advertising copy to: mhurlbutt@earthlink.net; shandawallacerdh@comcast.net;
ddavis@ddesigngraphics.com

Photographs/Artwork may be submitted in the following software programs:
InDesign, Illustrator, Photoshop, Quark and Pagemaker

Formats accepted: Jpeg, TIFF, PDF

Specifications:

- | | | |
|-----------------------------|-----------------------|--|
| 1. Mechanical Requirements: | Trim size: 8 ½" x 11" | 3 columns per page |
| | Full page: 7 ¼" x 10" | Halftones (prints): 85 line screen
(Negatives): up to 120 line screen |
| | Column width: 3 7/8" | |
| | Column depth: 10" | Printed sheet-fed offset |
2. Color: Color is selected by the Editor.
3. Closing Dates & Copy Regulations:
Camera-ready copy must reach the Editor by the stated deadlines. All topics and copy are subject to approval and editing. Articles are considered for publication on condition they are contributed solely to the Journal. The CDHA Editorial staff reserves the right to illustrate, reduce, revise or reject any manuscript submitted. All substantive changes will be returned to the author for approval.
4. Required Formats:
Copy: Will be accepted via email with accompanying hard copy if art/illustrations are to be included in the body of the article. All art/illustrations must be sent separately on CD to the printer. All CD material must be in Pagemaker or Quark format, or program adaptable to these programs. Tables/photographs/illustrations reproduced exactly from another work must be accompanied by written permission from the original source. Modified art must include credit to the originator.
- Photos/art/illustrations: will be accepted via email ONLY Film must be right-reading (composite) negatives. Negative shots are additional production charges and will be billed to the submitting party.

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5. Contracts & Insertion Orders: CDHA Corporate Development Consultant
 Shanda Wallace, RDH
 611 Bristol Avenue, Stockton, CA 95204
 209-986-6383 cell
shandawallacerdh@comcast.net

6. Copyright: Copyright is held by the California Dental Hygienists' Association.

7. Disposition of Film: Film will be returned to the submitting agency upon request. Include name and address for return with original submission.

8. Advertising Rates: **Based on each ad placement**

	<u>1 issue</u>	<u>2 issues</u>	<u>3 issues</u>
Full page	\$750	\$700	\$650
Half page	\$625	\$575	\$525
Third page	\$500	\$450	\$425
Quarter page	\$425	\$375	\$350

Premium position, **per each issue:**

Inside front cover (one page)	\$1,250	Inside back cover (one page)	\$1,000
Center pages (total-2 pages)	\$3,000	Back Page (2/3 page ad)	\$1,500

Advertiser:
 Company Name _____

Address _____

Contact: _____ Phone: _____

Email: _____

Copy Instructions:

Please check all that apply:

Full page _____ Half page _____ Third page _____ Quarter page _____

Attached _____ Agency will send _____

Full color _____ Black and White _____

Premium position _____ Position requested _____

SUBMIT PAYMENT WITH THIS FORM to: CDHA, 130 N. Brand Blvd., Suite 301, Glendale, CA 91203

No invoice will be sent. Contract cannot be canceled unless cancellation is filed, in writing, with the Editor by the first of the month preceding the issue publication. The Publisher will not be liable for any agreements or special arrangements contrary to, or in addition to, the conditions stated in this contract. Production charges will be billed additionally according to copy/art instructions. Advertisers and advertising agencies assume liability for all content of advertisements printed. The Publisher reserves the right to reject any advertising that does not conform to publication standards. Publisher cannot be held responsible for errors.

Cost per ad submitted: \$ _____ Total issues per ad placement: \$ _____

Total payment included with this form: \$ _____

I agree to the above specifications and requirements:

Title/Authorization _____ Date: _____