

Print Advertising Rates / Preliminary Guide & Final Program



Preliminary Guide Advertising Rates

4-Colour	B & W	
Full	\$2,400	\$1,500
½ Page	1,500	950
¼ Page	1,050	550

COVERS (4-Colour only)

OBC	\$3,300
IFC/IBC	3,100

Final Program Advertising Rates

4-Colour	B & W	
Full	\$3,400	\$1,800
½ Page	2,500	1,200
¼ Page	1,800	750

COVERS (4-Colour only)

OBC	\$4,400
IFC/IBC	4,130

**Discounted combination rates are available
– please contact us for details!**

DIMENSIONS		
Full Page (Trim)	8 1/8" x	10 7/8"
Full Page (Bleed)	8 3/8" x	11 1/8"
½ Page Horizontal	7" x	4 11/16"
½ Page Vertical	3 3/8" x	9 1/2"
¼ Page Horizontal	7" x	2 1/4"
¼ Page Vertical	3 3/8" x	4 11/16"

Mechanical Requirements

Printing Method: Offset

Binding: Saddle-stitched (Preliminary Guide), Perfect Bound (Final Guide)

Screen: Halftone screen, 150 lpi (line screen)

Electronic Material: Digital files only. PDF/X-1a files only.

To ensure the accuracy of all advertisements, a full-size colour proof must be provided. Publisher shall not be liable for any advertisements received without a colour proof.

File Transfer: Smaller files can be emailed up to a maximum file size of 18MB. Send to vhatzopoulos@oda.ca

- For larger files, please contact vhatzopoulos@oda.ca for DropBox information.

Terms & Conditions

- 2018 Preliminary Guide and Final Program advertisers must be exhibitors at the 2018 ASM.
- Advertising material is subject to approval by the Ontario Dental Association.
- Payment in full is due at time of space closing. All published rates are subject to 13% HST.
- Cancellations and space changes will not be accepted after the closing dates.

Publisher Conditions: Advertising material is subject to approval by the publisher.

Please submit insertion orders to:

Vicky Hatzopoulos
Ontario Dental Association
4 New Street, Toronto, ON M5R 1P6
Tel: 416-355-2266 | Fax: 416-922-9571 | vhatzopoulos@oda.ca
Cancellations and space changes not accepted after closing date.

**Preliminary Guide Space Closing
October 27, 2017**

**Preliminary Guide Material Closing
November 10, 2017**

**Final Program Space Closing
March 16, 2018**

**Final Program Material Closing
March 30, 2018**

April 26-28, 2018
Metro Toronto Convention Centre
South Building

ASM18

To learn more about our exciting sponsorship and advertising opportunities, please contact:

Helen McDowell
Conference and Events Manager
Ontario Dental Association
Phone: 416-355-2274 Fax: 416-922-9571
hmcowell@oda.ca

Vicky Hatzopoulos
Exhibits and Sponsorship Coordinator
Ontario Dental Association
Phone: 416-355-2266 Fax: 416-922-9571
vhatzopoulos@oda.ca

Print Advertising Insertion Order

ASM18

April 26-28, 2018

Metro Toronto Convention Centre, South Building

2018 ANNUAL SPRING MEETING

1. CONTACT INFORMATION

Company Name: _____

Contact Person: _____

Title: _____

Address: _____

City: _____

Province: _____

Postal: _____

Phone: _____

Email: _____

If an advertising agency will be our main point of contact, please provide the following information:

Advertising Agency: _____

Contact Person: _____

Phone: _____

Email: _____

2. SPECIFICATIONS

Please refer to current 'Advertising Rate Card' for dimensions and mechanical requirements.

 Issue(s): ☐ Preliminary Guide ☐ Final Program ☐ Both Issues* **Discounted combination rates are available – please contact us for details!**

Advertisement Size: _____

Rate: _____

Sub-total: _____

13% HST: _____

Total: _____

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 Please remember to include a proof of your advertisement, as we assume no responsibility for errors when a proof has not been provided.
 Charges will be incurred if corrections are required.

I have read and agree to the Terms & Conditions as outlined in the ASM18 Advertising Rate Card for the Preliminary Guide and Final Program.

Name: _____

Signature: _____

Date: _____

3. PAYMENT

☐ AMEX ☐ Discovery ☐ Mastercard ☐ Visa ☐ Payment to follow by check (Payable to **Ontario Dental Association**)

Amount to Charge \$ _____

Card Number: _____

EXPIRY DATE: _____

SECURITY CODE: _____

Card Holder Name: _____

Card Billing Address: _____

Card Holder Signature: _____


 Please mail cheques to: Ontario Dental Association
 ATTN: Vicky Hatzopoulos
 4 New Street, Toronto, ON
 M5R 1P6