

AAID Membership Directory Order Form

Instructions: Complete all fields. Orders are accepted on a **first-come, first-served basis**, and are accepted **via fax only**. Payment is required upon submission. If paying by check, provide a credit card number to secure ad location immediately. Forward this form if there is a more appropriate contact person at your company.

The directory will be distributed to all AAID members (more than 3,700) during the February. Our membership includes general dentists, oral surgeons, periodontists and prosthodontists with a common purpose – excellence in implant dentistry.

Rates (Indicate 1st, 2nd and 3rd choice)

Outside Back Cover \$2,000 (one only) _SOLD_
Inside Back Cover \$1,500 (one only) _SOLD_
Inside back page \$1,500 (one only—opposite inside back cover)
Inside Front Cover \$1,750 (one only)
Inside Front Page \$1,750 (one only)
Full Inside Page \$ 750 (unlimited—near back of directory)

Ad File Specifications

Colors: Grayscale
File Format: Hi res TIF/JPG/PDF
Resolution: 300 dpi
Media: PC or MAC
Submit files by: CD-ROM or e-mail to max@aaid.com

Publication Trim Size

Inside Cover or Inside Page (no bleed accepted) Nonbleed Ad Size: 7 ½” wide x 8 ½” tall; Actual page size: 8” wide x 9” tall

Space reservation: by January 10
Materials Due: by January 20

Company: _____

Contact: _____

Address: _____

City: _____ St: _____ Zip: _____ Country: _____

E-mail: _____ Phone: _____ Fax: _____

Payment Information

Check (please provide credit card information to secure ad location immediately)

VISA MasterCard

Payment Amount: \$ _____ Date: _____

Card Number: _____ Exp: _____ VV2 Code _____

Authorized Signature: _____

PLEASE FAX COMPLETED FORM TO 312.335.9090

QUESTIONS? CALL Max G. Moses at 312.335-1550, ext 227.