Florida Association of Periodontists **Newsletter Advertising Information**

March, June, December

<u>Issuance</u>:

<u>Issuance</u> :	March, June, December February 15, May 15, November 15			*Circulation varies and is at the discretion of the FAP Editor. Please check with
Closing Dates:				
*Circulation:	FAP Members – 265 Non-FAP Members – 200 FAP office for circulation schedule.			
Cancellations:	Ad cancellation	as will not be accepted	d after the closing	date.
Printing: 100# gloss Pa	nge Size: 8 ½" x 11'	' <u>Inserts</u> : Single Sheet	Reproduction : Har	rd Copy – Camera ready artwork
		Rates		
Size	Circulation FAP Members Only		Circulation FAP Members & Non-Members	
Full Page 7.5" x 10 Half Page Horizontal Quarter Page Vertica 1/8 Page 3.5" x 2.5" Insert 7.5" x 10"	1 3.5" x 5	\$120.00 \$ 60.00 \$ 35.00 \$ 25.00 .50/each		\$165.00 \$ 83.00 \$ 52.00 \$ 35.00
Classifieds: Non-Member/Vendo FAP Member – 25 w		, ,	, ,	
e e	o edit as deemed dditional charge	appropriate. The edi s may apply for photo	tor does not assum os, screens, typeset	
Buyer:				
Address:	Phone:			
Size of Ad:	Mo	onths to Run:	Email:	
Signature:				
Ads/Cla	ssociation of Pessifieds may be	s form and payment to eriodontists, P.O. Bo emailed under separa e in advance and by o	x 7075, Wesley Cote cover to: fap@ta	ampabay.rr.com
Using a credit card? Ple	ease provide the fo	ollowing information:		
Name on card:			□Visa □	MasterCard □Discover
Card billing address:				
Card Number:				

AFTER PAYMENT HAS BEEN PROCESSED