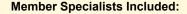
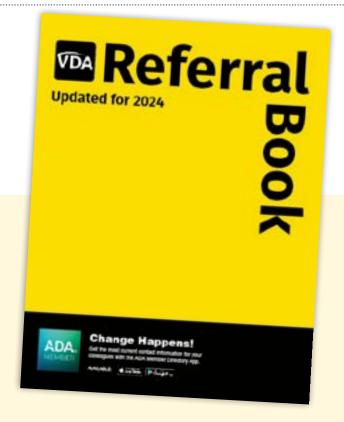
# 2024 VDA Referral Book Advertising Opportunities

he VDA is pleased to announce the publication of its annual Referral Book. The book features listings for VDA member specialists (members as of March 31, 2024). All members use the book to connect with their colleagues and refer their patients to other VDA members. Over the years, our Referral Book has become a huge success and is the go-to resource for dentists in Virginia.



- · Dental Anesthesiology
- · Dental Public Health
- · Endodontics
- Oral and Maxillofacial Pathology
- · Oral and Maxillofacial Radiology
- Oral and Maxillofacial Surgery
- · Oral Medicine
- · Orofacial Pain
- · Orthodontics
- · Pediatric Dentistry
- Periodontics
- · Prosthodontics



Distribution: 4,000 copies

#### Method:

Print publication distributed to VDA members by mail and available online at VDAReferralBook.com

## Ad spots are limited and we will sell out quickly.

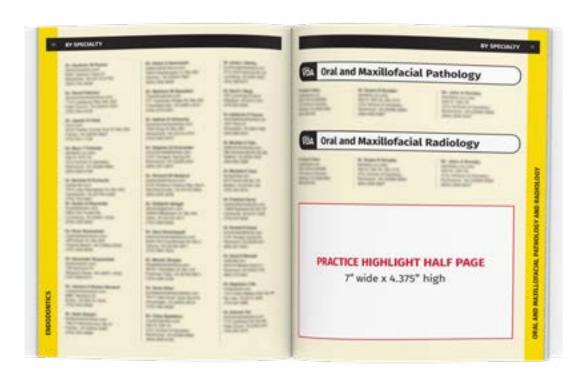
Plan ahead and reserve your ad spot today. Ad spots are filled on a first come, first served basis. Contact Shannon Jacobs at <a href="mailto:jacobs@vadental.org">jacobs@vadental.org</a>.

### **VDA ADVERTISING STANDARDS**

The VDA Advertising Standards can be found at vadental.org/advertising. Please review these standards to be sure your business meets and understands our policies on advertising.



## **Advertising Opportunities**



#### **Standard Placement Ads**

#### **Full Page**

8.5" x 11" with 0.125" bleed **\$2,000** 

#### **Half Page**

7" x 4.375" **\$1,000** 

### **Special Placement Ads**

#### Inside Front Cover. 8.5" Quality 0425 bleed

One available: \$2,500

#### **Inside Back Cover**

8.5" x 11" with 0.125" bleed One available: \$2.500

#### **Back Cover**

8.5" x 11" with 0.125" bleed **One available: \$4,000** 

#### **Practice Highlight Full Page**

8.5" x 11" with 0.125" bleed

One available in each specialty: \$2,500

#### **Practice Highlight Half Page**

7" x 4.375"

Two available in each specialty: \$1,500

#### Please note:

The VDA cannot guarantee the location of your ad placement within the book. Ads will be dispersed amongst the publication's content at the VDA's discretion. Exceptions include special placement ad spots listed at left.

#### **Artwork Requirements:**

Please see dimensions under each ad description. Artwork needs to be submitted as a high-resolution PDF. If a bleed is used please include crop marks and bleed settings.

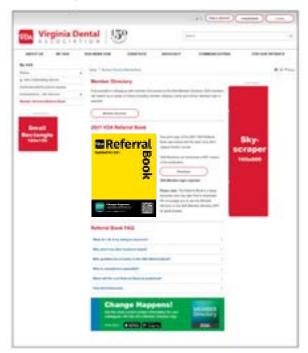


## **Digital Ad Upgrades**

#### Homepage



#### **Internal Pages**



Many VDA members will be accessing the Referral Book listings through our website (vadental.org and vdareferralbook.com). Increase your exposure by reserving a digital ad throughout the year.

**Note:** Digital ad spots are not exclusive. A maximum of 4 ads per location can be accepted on a first come, first served basis.

| Ad Name         | Size<br>(Pixels) | Pages<br>Visible On         | Devices Visible On Cost/3-months |                                   | Max File Size/<br>Format |
|-----------------|------------------|-----------------------------|----------------------------------|-----------------------------------|--------------------------|
| Large Rectangle | 300 x 250        | Homepage Only               | Desktop, Tablet<br>& Mobile      | \$400 with purchase of a print ad | 40KB/ PNG,<br>JPEG/RGB   |
| Footer          | 728 x 90         | All Site Pages              | Desktop & Tablet                 | \$400 with purchase of a print ad | 40KB/ PNG,<br>JPEG/RGB   |
| Small Rectangle | 180 x 150        | Internal Site<br>Pages Only | Desktop, Tablet<br>& Mobile      | \$300 with purchase of a print ad | 40KB/ PNG,<br>JPEG/RGB   |

**Artwork Requirements:** Please see dimensions under each ad description. Artwork needs to be submitted as a 40KB PNG or JPEG file using RGB colors.



## 2024 VDA Referral Book Advertising Reservation Form



| <b>Contact Information</b>  |   |                |                    |                                     |  |  |  |  |
|---|---|----------------|--------------------|-------------------------------------|--|--|--|--|
| Company Name  |   |                |                    |                                     |  |  |  |  |
| Primary Contact   |   |                |                    |                                     |  |  |  |  |
| Street Address  |   |                |                    |                                     |  |  |  |  |
| City  |   |                | State              | _ Zip                               |  |  |  |  |
| Phone ( )   | Ext E   | Email          |                    |                                     |  |  |  |  |
| <b>Print Advertising Select</b>   |   |                |                    |                                     |  |  |  |  |
| Ad Size/Placement   |   |                |                    |                                     |  |  |  |  |
| Digital Advertising Upgrade ☐ Yes, I'd like to increase my exposure with digital ads! |   |                |                    |                                     |  |  |  |  |
| Ad Type:  | Duration (3 months scheduled from confirmed start date):  |                |                    |                                     |  |  |  |  |
| ☐ Large Rectangle   | Proposed Start Date:  |                |                    |                                     |  |  |  |  |
| ☐ Footer ☐ Small Rectangle  | <b>PLEASE NOTE:</b> The VDA will confirm the start and end date of your digital ad once your reservation and payment are received. The proposed start date can not be guaranteed. |                |                    |                                     |  |  |  |  |
| Payment Information   |   |                |                    |                                     |  |  |  |  |
| Please bill my credit card. The   | VDA accepts all major of  | credit cards.  | ☐ Mastercard ☐ Vis | a $\square$ Discover $\square$ AMEX |  |  |  |  |
| Credit Card Number  |   |                | Expiration Date/   |                                     |  |  |  |  |
| Name on Card Security Code  |   |                |                    |                                     |  |  |  |  |
| Address on Card   |   |                |                    |                                     |  |  |  |  |
| Amount to be Charged \$ Signature of Cardholder                                       |   |                |                    |                                     |  |  |  |  |
| ☐ I have enclosed a check pa  | ayable to The Virginia De   | ental Associat | ion. Check number  |                                     |  |  |  |  |
| DEADLINE: Reservation in the 2024 VDA Referr  |   | vork are du    | e by March 1, 2024 | to be included                      |  |  |  |  |

Where to Send Your Reservation Form & Payment **Submit Advertising Reservation Form and Payment to:** 

VIRGINIA DENTAL ASSOCIATION, Attn: Shannon Jacobs 3460 Mayland Court, Suite 110, Richmond, VA 23233 jacobs@vadental.org

\*Payment is due at the time of application submission to be included in the 2024 VDA Referral Book. Payments are non-refundable.

