

AADSM Advertising Insertion Order

This agreement made on _____ between the American Academy of Dental Sleep Medicine, (herein after referred to as the "Publisher") and the below-named advertising company and/or advertising agency (herein after referred to as the "Advertiser") is binding to the following terms and conditions.

The advertiser agrees to purchase advertising space in one of the following publications and/or websites and agrees to the terms and conditions stated below.

Company Information:

Advertiser: _____
Contact: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Agency Information: (if applicable)

Ad Agency: _____
Contact: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Payment Information: (Payment must be received by the close date in order for ad to be published. See Terms and Conditions.)

Payment Type: Visa MasterCard American Express Discover OR Check Number: _____

Name of Cardholder (please print): _____ Signature of Cardholder: _____

Important: Only provide the credit card number on this form if you will be faxing it to us. If you will be emailing the form, please provide a phone number above and we will call you for payment information.

Credit Card Number: _____ Exp Date: _____ V-Code: _____

Annual Meeting Print Ads:

Placement: Final Program

Size: Full Page (\$1,000) 1/2 Page (\$750) 1/4 Page (\$500)

Cost: _____

JDSM Display Ads:

Placement: January Issue April Issue July Issue October Issue

Frequency: 1X (\$650) 2X (\$600 each) 3X (\$550 each) 4X (\$500 each)

Cost: _____

JDSM Table of Contents Email Ads:

Placement: January Issue April Issue July Issue October Issue

Frequency: 1X (\$650) 2X (\$600 each) 3X (\$550 each) 4X (\$500 each)

Cost: _____

Sponsored Email Ads:

Placement (limit 1/quarter):

Q1: January February March (\$2,000)

Q2: April May June (\$2,000)

Q3: July August September (\$2,000)

Q4: October November December (\$2,000)

Cost: _____

Sponsored Webinars:

Frequency (limit 1/year):

January February March April May June July August September

October November December (\$2,000)

Cost: _____

Total: _____

Agency Discount: _____ **Agency Total:** _____

Publisher's Initials: _____ **Advertiser's Initials:** _____

ASSIGNMENT OR TRANSFER

Submitted Advertising Insertion Orders may not be assumed or transferred by the Advertiser or Agency.

By signing the Agreement, the Advertiser agrees to all conditions stated in this insertion order, as well as the Advertising Opportunities document and AADSM Advertising Terms and Conditions. The Advertiser agrees to pay the full amount for all advertisements indicated above.

Signature: _____ Print Name: _____ Date: _____

Advertiser/Title: _____

Phone: _____ Fax: _____

E-mail: _____

Office Use Only

Signature: _____ AADSM/Title: _____ Date: _____