



Classified Ad Insertion Order

I would like to place a **NEW AD** in on the NCDLA Website!
New ads are placed on the first business day of the month and will run for a one month period. All fees must be prepaid.

I would like to **RENEW my current ad** on the NCDLA Website!
Renewal ads are placed on the first business day of the month and will run for a one month period. All fees must be prepaid.

Due date for submission of all new ads or renewals is by the 15th of the month prior to placement of ad.
Request is considered complete when all required items are RECEIVED in the NCDLA office.
Incomplete information WILL NOT be printed. A separate form is required for each ad.

Lab Name: _____

Contact Name: _____ (required)

City, State, Zip: _____

Phone: _____ (required) Fax: _____

E-mail: _____ Today's Date: _____

Item Description - required (descriptions exceeding 30 words are charged at the rate of 5 cents per word with a limit of 50 additional words. Please print legibly. If additional space is needed, please attach copy):

I am sending a photo of my item via: ___ E-mail (.jpg format) ___ Mailed original photo

Department - required: ___ Model Dept. ___ Fixed ___ Removables ___ Waxing/Casting ___ Other
___ Employment Desired ___ Employment Opportunities ___ Specialty Services

Item Cost and/or Terms (category 1 items only) - **required:**

Payment Methods you will accept - check all that apply - required:

___ Personal Check ___ Business Check ___ Cashier's/Bank Check ___ COD
___ Money Order ___ Credit Card(s) ___ Other (please list) _____

Shipping Information (category 1 & 4 items only) - **check one - required:**

___ Buyer is responsible for shipping costs. (Seller will have a period of 3 business days to provide a cost for shipping options to the buyer.)

___ Seller is responsible for shipping costs.

Are you a member of the NCDLA? ___ Yes ___ No

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By my signature, I acknowledge that I have read and understand the guidelines and terms of service for classified ads as set forth by the NCDLA and do hereby agree to abide by these guidelines with any transactions that I conduct. I understand that NCDLA reserves the right to reject or remove any ad that is inconsistent with NCDLA policies or the nature of this service. I understand that all transactions are to be conducted between the buyer and the seller and that the NCDLA is not responsible for any liability whatsoever resulting from this listing or the subsequent acts resulting from this listing.

Signature (required): _____

Summary of Categories

- Category 1: classified listings for sale of dental laboratory equipment, supplies, products**
- Category 2: classified listings for dental technicians seeking employment**
- Category 3: classified listings for laboratories / companies with job openings**
- Category 4: classified listings for laboratories offering specialty services**

Monthly Rate Schedule

	<u>Member Rate</u>		<u>Non Member Rate</u>	
	<u>New Ad</u>	<u>Renewal</u>	<u>New Ad</u>	<u>Renewal</u>
Category 1 Ad:	No Charge	No Charge	\$20	\$20
Category 2 Ad:	No Charge	No Charge	\$20	\$20
Category 3 Ad:	No Charge	No Charge	\$100	\$100
Category 4 Ad:	No Charge(1 st yr)	\$25	\$200	\$200
___ Extra words	\$.05/word	\$.05/word	\$.05/word	\$.05/word
Rate is 5 cents per additional word over first 30 words – maximum 50 additional words				
___ Scanning Photo	Free	N/A	\$10	N/A

***Payment (if applicable) must accompany request to place a classified ad.
All information must be completed for credit card transactions.***

I hereby authorize payment in the amount of \$_____ for the services outlined in this document and agree to comply with the terms of my cardholder agreement.

Payment method: ___Check ___Visa ___MasterCard ___American Express

Cardholder Name: _____

Cardholder Billing Address _____

Cardholder Billing Zip Code: _____ Exp Date: _____

Card Number: _____

For Visa and MasterCard, please provide the last three digits in the signature box on the back of the card _____ (required)

For American Express, please provide the CVV2 number located on the front of the card _____ (required)

Signature: _____

Please return this form to:

NCDLA • P.O. Box 206 • Elkin, NC 28621
 Phone: 336-835-9251 • FAX: 336-835-9243
 E-mail: contactus@ncdla.org • www.ncdla.org

For office use only:

Date form was received _____ ___Fax ___Email ___Mail ___Other_____

___Com ___Incom

Action/Notes: