

**Please Fill Out
Each Section****Ad Size**

Full Page 2-Page Insert 4-Page Insert

Ad Position

Cover 2* Cover 3* Cover 4*
 Run of Book Opposite Table of Contents* Opposite Board of Trustees*

* Contact Advertising Manager for availability

Ad Title: _____

Color

Black/White 2 Color 3-4 Color Additional PMS _____

Copy

New ad; copy enclosed for review.

(see Submitting an Advertisement for Review and Advertising Standards section of Media Kit)

Previously published ad; repeat _____(month/year).

**Contact
Information**

Company Placing Ad/Agency: _____

Contact Name: _____

Telephone: _____ Fax: _____ E-mail: _____

Deadlines

Ad copy for review* September 15, 2004

Insertion orders October 13, 2004

Materials October 27, 2004

* Advertisements not previously accepted for publication in Academy publications must complete a screening review process. See Submitting an Advertisement for Review and Advertising Standards for more information.

**Payment
Information**

Payment Enclosed Check Visa MasterCard

Credit Card #: _____ Exp. Date: _____

Signature: _____

Invoice to address below

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ E-mail: _____

Contact: _____

**Shipment
of Materials**

E-mail, fax, or mail insertion orders, materials, correspondence, and payment to:

The American Academy of Periodontology ■ Attention: Patti Lawlor, Senior Marketing and Advertising Manager ■ 737 N. Michigan Avenue ■ Suite 800 ■ Chicago, IL 60611-2690
 Telephone: 312/573-3252 ■ Fax: 312/573-3225 ■ E-mail: patti@perio.org