



## Journal of Periodontology Insertion Order Form

(Copy this form for additional *Journal of Periodontology* advertising orders.)

Please Complete Each Section

### Ad Specifications

<b>Ad Title:</b> _____		
<b>Earned Rate:</b>		<b>Issue(s):</b>
<input type="checkbox"/> 1-time	<input type="checkbox"/> January	<input type="checkbox"/> April
<input type="checkbox"/> 6-time	<input type="checkbox"/> February	<input type="checkbox"/> May
<input type="checkbox"/> 12-time	<input type="checkbox"/> March	<input type="checkbox"/> June
	<input type="checkbox"/> July	<input type="checkbox"/> October
	<input type="checkbox"/> August	<input type="checkbox"/> November
	<input type="checkbox"/> September	<input type="checkbox"/> December
<b>Ad Size:</b>		
<input type="checkbox"/> Full Page	<input type="checkbox"/> 2-Page Spread	<input type="checkbox"/> 2-Page Insert
<input type="checkbox"/> Half-Page Horizontal	<input type="checkbox"/> BRC w/ Spread	<input type="checkbox"/> 4-Page Insert
<input type="checkbox"/> Half-Page Vertical	<input type="checkbox"/> BRC w/ Full-Page Ad	<input type="checkbox"/> 6-Page Insert
<input type="checkbox"/> Polybag Outsert	<input type="checkbox"/> Bellyband	<input type="checkbox"/> 8-Page Insert
<b>Ad Position:</b>		
<input type="checkbox"/> Run of Book	<input type="checkbox"/> Opposite Cover 2*	<input type="checkbox"/> Opposite Table of Contents 3*
<input type="checkbox"/> Guaranteed Right-Hand Page	<input type="checkbox"/> Opposite Table of Contents 1*	<input type="checkbox"/> Opposite First Editorial*
<input type="checkbox"/> Cover 2*	<input type="checkbox"/> Opposite Table of Contents 2*	
<input type="checkbox"/> Cover 3*		
		* Contact Advertising Manager for availability
<b>Color:</b>		<b>Copy:</b>
<input type="checkbox"/> Black/White	<input type="checkbox"/> New ad; copy enclosed for review.	
<input type="checkbox"/> 2 Color	<i>(see <u>Submitting an Advertisement for Review and Advertising Standards</u>)</i>	
<input type="checkbox"/> 3-4 Color		
<input type="checkbox"/> Additional PMS	<input type="checkbox"/> Previously published ad; repeat (month/year)	



### Contact Information

Company/Ad Agency: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Invoice Information

Invoice to address below

Company: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Deadlines

Ad copy for review, \*insertion orders, and materials: See Advertising Dates.

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

### Shipment of Materials

#### **E-MAIL, FAX, OR MAIL INSERTION ORDERS, MATERIALS, CORRESPONDENCE, AND PAYMENT TO:**

The American Academy of Periodontology  
Attention: Jamie Birkner, Senior Advertising Manager  
737 N. Michigan Avenue Suite 800  
Chicago, IL 60611-6660  
Telephone: 312/573-3252  
Fax: 312/573-3225  
E-mail: jamie@perio.org