



Journal of Periodontology Insertion Order Form

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

Please Complete Each Section

Ad Specifications

Ad Title: _____		
Earned Rate:		Issue(s):
<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
Ad Size:		
<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
Ad Position:		
<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
Color:		Copy:
<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:

Todd Goldman
The Goldman Group
P.O. Box 270
Lutz, FL 33548
Phone: 813-949-0054, ext. 222
Fax: 813-433-5181
E-mail: todd@ggpubs.com
Web site: www.ggpubs.com