

MEDICAL DERMATOLOGY SOCIETY ADVERTISING RESERVATION FORM

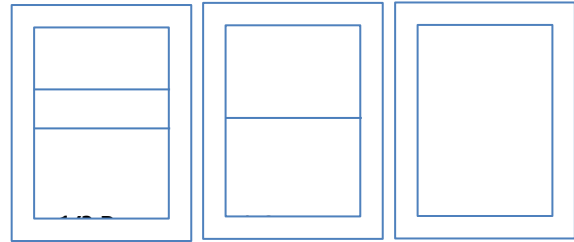
Organization _____

Contact Name _____

Telephone _____ Email _____

ADVERTISING OPPORTUNITIES

- 1/3 PAGE 8"W x 3.25"H \$ 300.00
- 1/2 PAGE 8"W x 4.75"H \$ 500.00
- FULL PAGE 8"W x 9.75"H \$ 750.00
- INSIDE BACK COVER \$ 800.00
- INSIDE FRONT COVER \$1,000.00
- BACK COVER \$1,200.00



- Includes Logo and Acknowledgement on MDS Website <http://www.meddersociety.org/>
- Advertisements Acknowledged through email to MDS Membership
- Company logos and text will be formatted accordingly to the reserved advertisement size by the Program Book Editor
- **All artwork must be submitted to the MDS office as a HIGH RESOLUTION .eps, jpg or print ready .pdf.**

IN ORDER TO RECEIVE RECOGNITION IN THE PRINTED PROGRAM BOOK, ALL MATERIALS, WHICH INCLUDES; RESERVATION FORM, LOGO, TEXT, AND PAYMENT MUST BE RECEIVED BY THE DEADLINE OF FRIDAY, JANUARY 11, 2019

PAYMENT INFORMATION

- Check/Money Order Payable to the "Medical Dermatology Society" in US Currency and Drawn from a US Bank
- Credit Card Information _____ American Express _____ Master Card _____ Visa
- Total Amount Authorized for Advertising \$ _____

Name on Card (please print) _____

Billing Address _____

Card Number _____

Expiration Date: _____ CVV 3/4 digit security code: _____

Signature: _____

Please note when paying by credit card, the transaction line item on your billing statement will show as SID

THIS COMPLETED FORM WITH PAYMENT CAN BE SUBMITTED VIA ONE OF THE SUGGESTED METHODS

Mail Medical Dermatology Society, 526 Superior Avenue East, Suite 340, Cleveland, Ohio 44114

Email mds@sidnet.org

Fax 216-579-9333

THANK YOU FOR YOUR SUPPORT OF THE MEDICAL DERMATOLOGY SOCIETY!