

## PROMOTE WITH THE *ACP MESSENGER*

Do you have a practice to sell, or a service or educational opportunity to promote to prosthodontists?

The mission of the *ACP Messenger* is to inform the world of current prosthodontic trends, challenges and successes. The *ACP Messenger* also informs members about ACP and other relevant news with an enhanced consumer/patient focus and advocacy voice that will serve to showcase how prosthodontists transform lives and are leaders in dentistry. The *ACP Messenger* is an excellent source for member-to-member communication for everything from employment opportunities to selling a practice, as well as finding or selling items of interest to prosthodontists and educational opportunities.

**ACP Web site** – In addition to your placement in our ACP quarterly publication, the *ACP Messenger*, let us deliver your advertising message via a posting on the ACP Web site at [www.prosthodontics.org](http://www.prosthodontics.org). (Each placement is posted on the ACP Web site for three months at no additional charge including in our new Job Opportunities section where applicable).

**RATES: ACP Members – \$100 first 50 words; \$1 per additional word; Non-Members – \$200 first 50 words; \$2 per additional word. \$50 to include logo** (reduced to approx. 3" x 2").

I would like to place my ad in the following issue(s):  Winter 2012 (Jan-March)  Summer 2012 (July-Sept)  
 Spring 2012 (April-June)  Fall 2012 (Oct-Dec)

Circle one – \$ 100 or \$200 (50 words) + \$1 or \$2 x \_\_\_\_\_ (# of add'l words) \$ \_\_\_\_\_  
+ 3 x 2 in Logo (\$50) \$ \_\_\_\_\_  
**Subtotal** \$ \_\_\_\_\_  
x # of issues \_\_\_\_\_  
**Total** \$ \_\_\_\_\_

**Ad Heading** (practice for sale, etc.)

**Ad Description** (attach additional pages if necessary)

### PAYMENT

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Country \_\_\_\_\_  
Email \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Fax \_\_\_\_\_

**Method of Payment:**  Visa  MasterCard  American Express

Account Number \_\_\_\_\_  
Expiration Date (mm/yy) \_\_\_\_\_ / \_\_\_\_\_  
Card holder name \_\_\_\_\_

Issue	Submission Deadline
Summer 2012	May 15, 2012
Fall 2012	August 15, 2012
Winter 2013	November 15, 2012
Spring 2013	February 15, 2013

Please submit orders with credit card payment by e-mail to [MHeiden@prosthodontics.org](mailto:MHeiden@prosthodontics.org) or fax to 312.573.1257. Payments by check should be mailed with insertion order to Mark Heiden, communications and marketing manager, at the above address. All payments must be received by the submission deadline. Please contact the ACP Central Office with additional questions at 800.378.1260, ext. 235. Thank you!