

ACP

American College of Prosthodontists
211 E. Chicago Ave. | Suite 1000 | Chicago, IL 60611
Tel: 312.573.1260 | Fax: 312.573.1257
Prosthodontics.org

Classified Ads

Promote with the ACP Messenger and the ACP Website

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

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 professional focus and advocacy voice that will serve to showcase how prosthodontists 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.

In addition to the print magazine, advertisements are posted on the ACP website at Prosthodontics.org at no additional charge.

Rates

ACP Members: \$150 for first 50 words; \$1 per additional word

Non-Members: \$250 for first 50 words; \$2 per additional word

\$50 to include logo

Members

\$150 (first 50 words) \$ _____

+ \$1 x _____ \$ _____
* of additional words

+ Include Logo (\$50) \$ _____

Subtotal \$ _____

x # of issues _____

Total \$ _____

Non-Members

\$250 (first 50 words) \$ _____

+ \$2 x _____ \$ _____
* of additional words

+ Include Logo (\$50) \$ _____

Subtotal \$ _____

x # of issues _____

Total \$ _____

Order Information

I would like to place my ad in the following issues:

Online Only (Ask for details)

Winter 2018 (Jan.)

Spring 2018 (April)

Summer 2018 (July)

Fall 2018 (Oct.)

Winter 2019 (Jan.)

Spring 2019 (April)

Issue	Submission Deadline
Winter 2018	Nov. 23, 2017
Spring 2018	March 1, 2018
Summer 2018	May 22, 2018
Fall 2018	Aug. 22, 2018
Winter 2019	Nov. 26, 2018
Spring 2019	March 1, 2019

Ad Type (practice for sale, job opening, etc.)

Ad Location

Ad Description (To ensure exact verbiage, please email ad description to LSwanson@prosthodontics.org)

Bill To:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Payment Information

Check # _____

Visa MasterCard American Express

Card Number _____

Exp. Date (mm/yy) _____

Cardholder Name _____

Payments by check: Make checks payable to the American College of Prosthodontists and mail with insertion order to:
American College of Prosthodontists | 211 E. Chicago Ave | Suite 1000 | Chicago, IL 60611
The ACP must receive payment in full before publication online.

Please submit orders:

By email to LSwanson@prosthodontics.org
or fax (312) 573-1257

All payments must be received by the submission deadline. The ACP must receive payment in full before publication online. Please contact the ACP Central Office with additional questions at (312) 573-1260.

Thank you!