



# www.mdhatoday.org

Official website of the Michigan Dental Hygienists' Association

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## Advertisement Purchase Agreement

### Advertiser/Agency

Advertiser \_\_\_\_\_

Contact \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Display Advertising- Please Circle your choice of advertisement length under type of ad requested

**Banner Advertisement\*\*\*** Choice of corporate art or Text advertisement created by our team is available. Ads may also be hyperlinked to advertiser's homepage or portion of website. Advertisements will also be featured on our social media platforms during our scheduled advertising days once per quarter for the duration of your advertisement.

Quarterly \$75

Yearly \$250

**Seminar Advertising\*\*\*** all seminars will be posted on our Monthly Calendar and advertised twice on our social media platforms (once at initial ad purchase and again directly before your seminar for monthly advertisements and one additional post will be added at the beginning of each quarter) you will be contacted by our social media team for more information regarding social media posting

Monthly \$40

Quarterly \$60

Yearly \$120

**Job Posting** – List your help wanted advertisement to dental hygienists across the state. Job posting advertisements are listed in the members only section of our webpage and will also be featured on our social media platforms (once per 90 day advertisement). Payment and classified advertising agreement must accompany insertion order. Quoted ad prices are for job description and information with URL ready for insertion. You will be contacted by our social media team for more information.

90 Day ad \$20

\*\*\* With the option of the banner and/or seminar advertising your information will also be posted in our **NewsWire** for FREE (until further notice) when published during your advertising timeline. Our **NewsWire** is sent out to more than 1000 dental hygienists

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(Please Print)

Payment Type:    Check Enclosed        MasterCard    Visa

Amount Enclosed: \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_

Exp. Date \_\_\_\_\_ Signature: \_\_\_\_\_

**Return this form with payment and contract copy to:** Michigan Dental Hygienists' Association  
ATTN: Advertising Coordinator, 2310 Jolly Oak Rd, Okemos, MI 48864  
Fax: 517-349-5818