



55TH EDITION

The Washington Physicians Directory

P.O. Box 4436, Silver Spring, MD 20914 301-384-1506 Fax 301-384-6854 wpd@wpdnetwork.com

DENTISTS/ORAL SURGEONS

Please complete this form and return it *with your payment or your charge instructions* by **August 4, 2017**. If you need assistance, have a question about the DIRECTORY, or wish to discuss display advertising, please call 301-384-1506. The 2018 print edition will be distributed October 31, 2017. **Your listing will appear on our website at no additional charge.**

INCLUDE MY LISTING

in *The 2018 WPD* under the category(s) checked.

There is a minimum charge of \$50.00 per category and you will receive a **complimentary** copy or an online subscription for each category listing

- | | |
|--|-------------------------------------|
| Dentists | Dentists, Periodontists |
| Dentists, Dental Oncology | Dentists, Prosthodontics |
| Dentists, Endodontists | Dentists, Sleep Apnea Appliances |
| Dentists, Implantology | Dentists, Sleep Medicine |
| Dentists, Maxillofacial Prosthodontics | Dentists, T.M.J. Specialists |
| Dentists, Orthodontics | Oral & Maxillofacial Surgeons (DDS) |
| Dentists, Pediatric | Other _____ |

The above categories were included in the 2016/2017 edition. Any redundancy was at the request of the advertiser. The publisher reserves the right to refuse or restrict category headings.

BASIC LISTING

Please include the following information in my basic listing under the category(s) checked above. I understand I'll receive a complimentary copy or an online subscription, a \$67.00 value, for each category checked.

Name _____
(Personal or Trade – For personal, please include credentials, i.e. DDS, FAAMP, FACP, etc.)

National Provider Identifier (NPI) _____

Street _____

City _____ State _____ Zip _____

Phone# _____ Fax# _____

ADDITIONAL ADDRESSES

I want to include these additional addresses in my listing. The charge for each additional address and/or e-mail is \$25 (\$35 for a website) times the number of categories you have checked.

2nd address (\$25 each category) _____

City _____ State _____ Zip _____

Phone# _____ Fax# _____

3rd address (\$25 each category) _____

City _____ State _____ Zip _____

Phone# _____ Fax# _____

E-mail address (\$25 each category) _____

Website address (\$35 each category) _____

CHARGES

Basic Listing	\$50.00 x number (#) of categories	_____	= \$	_____
Additional Addresses and/or e-mail	\$25 x # of categories	_____	x # of add'l addresses	_____ = \$ _____
Website Address	\$35 x # of categories	_____	= \$	_____
1/16 Page Enhancement Ad (includes one free basic listing)	\$320		= \$	_____
			TOTAL PAYMENT \$	_____

PAYMENT OPTIONS

Check enclosed, payable to *Washington Physicians Directory*

Charge my: Visa MasterCard American Express

Card # _____ Exp. Date _____

Signature _____

PLEASE SEE REVERSE FOR MORE OPTIONS.

ADDITIONAL LISTING OPPORTUNITIES

1/16 PAGE ENHANCEMENT AD

\$320
(Includes One Free Basic Listing)

Sample 1/16 page ad
4 3/4" x 9/16"

I PREFER A 1/16 PAGE ENHANCEMENT AD.

My ad will run in the category I have checked above. (If you've checked more than one, please circle the category for the ad.) I've completed the information section for my listing, calculated my charges, filled in my ad copy below,* and included my payment or charge information. (If I requested that the information appear in additional categories, I have included an extra \$50.00 per category, \$25 per additional address in each category, and \$35 for the website in each category.)

PEDIATRIC DENTISTRY Banaji Pediatric Dental Specialists 2843 Hartland Rd., Falls Church, VA 22043	Tel 703-849-1300 www.banajidds.com
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Your Ad Copy —Your copy, when condensed, must fit in the space above; so please be succinct.

* Electronic files (see R.O.P.) accepted.
It must be 4 3/4" x 9/16" with border.

DISPLAY ADVERTISING RATES AND MECHANICAL REQUIREMENTS

I AM INTERESTED IN A LARGER DISPLAY AD.

Please call me at _____

Display advertisers receive cash credits toward their listing charges and, in most case, pay nothing for those listings.

MECHANICAL REQUIREMENTS & COSTS

Size of Material	Width	Depth	Cost
Trim size	6 1/8"	9"	
Image area	5"	8"	
Bleed size	6 1/2"	9 1/2 "	

(All live copy and/or illustrations must be kept at least 1/2" from all trim or binding edge.)

Full Page Ad	5"	8"	\$ 2,355
1/2 Page Ad	5"	4"	\$ 1,370
1/4 Page Ad	5"	2"	\$ 860
1/8 Page Ad	5"	1"	\$ 535

(Ad design is available at an additional cost.)

R.O.P. Electronic files required: QuarkXPress, Illustrator, InDesign - press quality (high resolution) PDF with fonts embedded or outlined preferred. *For EPS files, save with a PC Preview.* If **all fonts** are not embedded or outlined, include printer and screen font files. Proofs required. All color **must be** CMYK. Please contact the publisher if you have spot color or questions concerning the compatibility of your software.

If you would like to see who participated in the 2016/2017 edition please go to www.wpdnetwork.com/book.aspx, go to the bottom of the page, and click "DDS/Oral Surgeons, Podiatrists and Health Professionals."