ADVERTISING POLICY & SUBMISSION REQUIREMENTS

PAYMENT TERMS & CANCELLATION POLICY

Invoices must be paid within 30 days of the date of billing. If an invoice is past 30 days, payment needs to accompany the new artwork for the next ad. If a second advertisement is scheduled with the original invoice outstanding, the advertising will only be allowed to run if payment for the new advertisement and for the outstanding invoice accompanies the artwork for the new ad.

Cover advertisements cannot be canceled. No cancellations will be accepted after the artwork deadline has passed. Any advertiser canceling a contract after it has begun will be charged a cancellation fee as follows:

CANCELLATION DATE	FEE
61+ calendar days before advertising deadlines	\$500
30 to 60 calendar days before advertising deadlines	\$1,000
29 calendar days or less before advertising deadline	\$1,500
After advertising deadline	Cancellations Not Accepted

There will be an additional fee of 10% of contracted advertisement value for all canceled preferred pages. All invoices that become past due will be assessed a 5% late fee for each month the invoice remains overdue. All accounts must remain current in order to exhibit at the Annual AACD Scientific Session.

PRODUCTION CHARGES

The AACD only accepts digital artwork as outlined in the material specifications guidelines. Any variations made to artwork submitted may result in additional charges. Advertisers and their agencies assume any liability for the content of their advertisements in all AACD publications and the AACD Web site, including any claims arising there from. The AACD reserves the right to reject any advertisement considered unsuitable according to AACD policy. The current editor of the Journal of Cosmetic Dentistry cannot be utilized in any advertisement for product endorsement. Officers of the Academy, members of the Board of Directors, and members of the American Board of Cosmetic Dentistry may endorse products, but may not include their Academy position in the endorsement. All elected or appointed officials of the Academy who utilize their titles in their speaking, writing, or advertisements must include a disclaimer that states: "The AACD does not endorse any products or commercial techniques. The opinions I express here are my own and should in no way be interpreted to imply that they necessarily represent those of the AACD." In addition, the AACD does not rent the use of our mailing list or publish ads for competing dental meetings in the Journal of Cosmetic Dentistry, through the AACD eUpdate, or on the AACD website. An example of a "competing meeting" is one taking place within 30 days of the start or finish of AACD 2019 or any other AACD-sponsored meeting.



AACD 2020 SPONSORSHIP AND ADVERTISING FORM

Company Name:			
Address:			
City:	State:		Zip:
Phone:		Email:	

Sponsor Contact Name: _

SPONSORSHIPS AND ADVERTISING (circle your choice)

EDUCATIONAL SPONSORSHIPS

General Session Speaker	\$5,000
Corporate Workshops	\$9,000 (full day)
	\$6.000 (half dav)

SOCIAL EVENTS

Leadership Dinner	\$5,000
Welcome Reception	\$20,000
<i>jCD</i> Reception	\$4,000
Accredited Members Reception	\$10,000
New Member & First Time Attendee Luncheon	\$6,000
Exhibit Hall Social Reception	
2 Nights (Thursday or Friday) \dots	\$4,000

MOBILE APP ADVERTISING

Side Menu w/Link	\$4,500
Rotating Ad w/Link	\$2,600
Push Notification	. \$500/notification

Web Browser Ads

Right Lower Rotating Ads	.\$2,400
Full Bottom Leaderboard Ad	.\$2,400

PROMOTIONAL BRANDING

Hotel Room Drops	\$1,000+
Hotel Room Keys	\$5,000+
Lanyards	\$6,000
Tote Bags	\$7,000
Banners	. Call for Pricing

<u>CONFERENCE BUZZ (8 ISSUES)</u>

In-Context Ad \$3,0)00 or	\$450	ea.
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ATTENDEE NEWS (4 ISSUES)

E-PRELIMINARY GUIDE ADVERTISING

Inside Front Cover \$4	,500
Inside Back Cover	,000
Back Cover \$4	,700
Daily Schedule Pages \$2	,600
Facing Pages \$2	,400

Sponsorship Item(s) TOTAL \$ _____

CONDITIONS:

· Application must be accompanied with full payment. Application will not be processed until full payment is received.

AACD will collaborate with supporter on promotional items

· AACD has sole responsibility for attendee invitations for social events

	METHOD	OF PAYMENT:	
Check No.:	Amount: \$	-	
Credit Card No.:		Exp Date:	Card Security Code:
Name as it Appears on Crec	lit Card:		
Cardholder Signature:			
	I/We have read and will abide by the which the undersigned applicant agree		
			Date:
Authorized Signature/Title			
	American Academy of Cosmetic Dentistry 202 West Wilson Street, Madison, WI 53703 Fax: 608.222.9540 • E-mail: exhibits@aacd.com		ng tools to help drive traffic to your booth, visit: .com/exhibitortoolkit