



The Washington Physicians Directory

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

Please complete this form and return it *with your payment or your charge instructions* by **January 6, 2012**. If you need assistance, have a question about the DIRECTORY, or wish to discuss display advertising, please call 301-384-1506. The 2012 print edition will be distributed March 31, 2012. Your listing will appear on our website at no additional charge.

INCLUDE MY LISTING

in *The 2012 WPD* under the category(s) checked.

There is a minimum charge of \$43.50 per category and you will receive a **complimentary** copy for each category listing

- | | |
|---|--|
| <input type="checkbox"/> Dentists | <input type="checkbox"/> Dentists, Periodontists |
| <input type="checkbox"/> Dentists, Dental Oncology | <input type="checkbox"/> Dentists, Prosthodontics |
| <input type="checkbox"/> Dentists, Endodontists | <input type="checkbox"/> Dentists, Sleep Apnea Appliances |
| <input type="checkbox"/> Dentists, Implantology | <input type="checkbox"/> Dentists, Sleep Medicine |
| <input type="checkbox"/> Dentists, Maxillofacial Prosthodontics | <input type="checkbox"/> Dentists, T.M.J. Specialists |
| <input type="checkbox"/> Dentists, Orthodontics | <input type="checkbox"/> Oral & Maxillofacial Surgeons (DDS) |
| <input type="checkbox"/> Dentists, Pediatric | <input type="checkbox"/> Other _____ |

The above categories were included in the 2011 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 listing under the category(s) checked above.** I understand I'll receive a *complimentary* copy, a \$57.00 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 \$20 (\$30 for a website) times the number of categories you have checked.

2nd address (\$20 each category) _____
City _____ State _____ Zip _____
Phone# _____ Fax# _____

3rd address (\$20 each category) _____
City _____ State _____ Zip _____
Phone# _____ Fax# _____

E-mail address (\$20 each category) _____

Website address (\$30 each category) _____

CHARGES

Basic Listing	\$43.50 x number (#) of categories	_____	= \$	_____
Additional Addresses and/or e-mail	\$20 x # of categories	_____	x # of add'l addresses	_____ = \$ _____
Website Address	\$30 x # of categories	_____	= \$	_____
1/16 Page Enhancement Ad (includes one free basic listing)	\$310		= \$	_____
			TOTAL PAYMENT \$	_____

PAYMENT OPTIONS

Check enclosed, payable to *Washington Physicians Directory*

Charge my: Visa MasterCard American Express

Card # _____ Exp. Date _____

Signature _____

ADDITIONAL LISTING OPPORTUNITIES

1/16 PAGE ENHANCEMENT AD

\$310
(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 \$43.50 per category, \$20 per additional address in each category, and \$30 for the website in each category.)

ORAL & MAXILLOFACIAL SURGERY	
DRS. WHISTON, PATTERSON & CORCORAN	
6319 Castle Place, Falls Church, Virginia 22044	703-534-6500
2501 N. Glebe Road, Suite 203, Arlington, Virginia 22207	703-522-6440

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

The complete **50th Anniversary Edition Rate Sheet** and the **Insertion Order** is posted on our website - www.wpdnetwork.com

I AM INTERESTED IN A LARGER DISPLAY AD.

Please call me at _____
There is no charge for basic listings when you reserve a 1/8 page, or larger, display ad.

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"	\$2,400
1/2 Page Ad	5"	4"	\$ 1,415
1/4 Page Ad	5"	2"	\$ 890
1/8 Page Ad	5"	1"	\$ 555

(Ad design is available at an additional cost.)

R.O.P.: printed web offset. 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.