



COLLIER COUNTY DENTAL ASSOCIATION

AN AFFILIATE OF THE WEST COAST DISTRICT,
AMERICAN & FLORIDA DENTAL ASSOCIATIONS

Newsletter Ad Purchase

Company Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Telephone: _____ Fax: _____

AD Selection and Cost:

(4 issues sent to all members - your ad will appear in every issue)

_____ Full Page \$1000.00

_____ Quarter Page \$350.00

_____ Half Page \$500.00

_____ Business Card \$150.00

Please make checks payable to CCDA and mail directly to:

**Dr. Hemita Klose
6100 Trail Blvd, #206
Naples, FL 34108**

*Please fill out the form above and return to Dr. Hemita Klose
Via at drklose@naplesdentalboutique.com
or mail to 6100 Trail Blvd, #206, Naples, FL 34108*

NOTE: Please email ad/artwork in JPEG format.