



ONLINE MARKETING OPPORTUNITIES

SPONSORSHIPS

Specialty Email Blast Sponsorship

The YDC specialty direct mail campaigns are preceded by email newsletters that target each specialty. Ads include a link to your Web site. Yankee limits two advertisers per newsletter.

Ad Size: 400 pixels by 100 pixels **Due Date:** October 23, 2009
Ad must be no larger than 90 KB in size and in either a .jpg or .gif format.

Sponsorship Fee: \$500 per (\$30 additional if design is required).

SPECIALTY	ESTIMATED DISTRIBUTION
Periodontists	350
Prosthodontists	200
Orthodontists	250
Oral Surgeons	220
Endodontists	200
Pediatric Dentists	330

DUE DATES:

October Newsletter
October 1

November Newsletter
November 1

December Newsletter
November 24

January Newsletter
Pre-show Highlights
Publish Date 1/12/2011
December 23

January Newsletter
Pre-show Highlights
Publish Date 1/19/2011
December 23

Attendee e-Newsletter Sponsorships

YDC keeps registered and prospective attendees apprised of all the news that's Yankee. Keep your name in front of prospective customers with a sponsorship ad that contains a link to your Web site. Yankee limits two advertisers per newsletter. Average open rate of YDC e-newsletters are 58% with average click through rates of 33%.

Ad Size: 400 pixels by 100 pixels **Circulation:** 9,000 **Sponsorship Fee:** \$1,000
Ad must be no larger than 90 KB in size and in either a .jpg or .gif format.

Prospect Email Blast Sponsorships

Reach thousands of dental offices at once with one of our Prospect Email Blasts that are used to generate attendance at Yankee. Prospect Email Blasts will be sent out monthly. Copy is due one week prior to distribution.

Ad Size: 400 pixels by 100 pixels **Circulation:** 9,000 **Sponsorship Fee:** \$750
Ad must be no larger than 90 KB in size and in either a .jpg or .gif format.

Date _____ Booth Number(s) _____

Company Name _____

Agency (If Applicable) _____

Contact Name _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Email _____ Web site _____

METHOD OF PAYMENT

Check enclosed payable to: Massachusetts Dental Society, Exhibits Department

MasterCard Visa American Express Amount Due: _____

_____ _____
Credit Card # Exp. Date

Authorized Signature

Name of Cardholder (Please Print)

MAIL COMPLETED FORM WITH PAYMENT TO:

Massachusetts Dental Society
YDC Exhibits
Two Willow St., Suite 200
Southborough, MA 01745

Tel. (508) 480-9797
Fax. (508) 449-6152
Email: exhibits@massdental.org

Questions? Contact Carolyn Cassiani ccassiani@massdental.org (508) 449-6077