



CE Registry

Advertising Submission Guidelines

The American Association of Endodontists publishes the CE Registry, a listing of continuing education course advertisements, in its monthly scientific journal, the *Journal of Endodontics*, and on the AAE website at www.aae.org.

ELIGIBILITY

Course listings may be submitted by ADA-accredited dental schools, ADA-accredited advanced endodontic programs and endodontic educational companies, who are providers recognized by ADA CERP.

DEADLINE

All course advertisements must be submitted by the 10th of the month, two months in advance of the month in which the ad is to appear in the *JOE*. For example, an ad to be printed in the January issue must be received at the AAE Headquarters by November 10. Website advertisements must be submitted by the 1st of the month in which they are to appear, and will be posted during the first full week of that month for a total of 30 days.

FEE

The fee for each advertising block in the *JOE* is \$100/month. There is a separate fee of \$100/month for website postings. Payments must accompany orders.

FORMAT

Formatted print ads can be submitted according to the following guidelines: Electronic files are preferred and are subject to editing by the AAE. Ads will be accepted via e-mail, on Zip disks or CD-ROMs. All fonts and native graphics must be included with files. Suggested formats are Adobe Illustrator (please include fonts if not vectorized) or Adobe Photoshop (please include fonts if not rasterized and include the native file along with the final file), all to be compatible with the PC platform in a noneditable, high-resolution (at least 300 dpi) TIFF or PDF format. All ads must be black and white or grayscale. Sizing for a single advertising block is 3½" wide x 2 5/8" high. Advertisers may elect to purchase multiple blocks to create a larger ad. The following size options are available in addition to the single block format:

- 2 Blocks (\$200) = 7" wide x 2 5/8" high
- 4 Blocks (\$400) = 7" wide x 5 ¼" high
- 6 Blocks (\$600) = 7" wide x 7 7/8" high

All ads should be accompanied by a printed proof, except for e-mailed files, which will be accepted "as is." All listings will be placed in the order that they are received.

All online ads will be listed in the Continuing Education section of the AAE website, on a page called Non-AAE Courses. Listings will be presented by title and date, with links to each individual ad presenting details of the event. Detailed descriptions can incorporate a link to the event website, and a single graphic or logo. Any graphic files should be submitted electronically in a Web-compatible format of a JPEG or GIF file that is at least 72 dpi in resolution. Text may be submitted in an e-mail or a Word document.

PAYMENT

Orders without prepayment cannot be processed. However, ADA-accredited advanced specialty education programs in endodontics and ADA-accredited dental schools may submit a purchase order with their completed form. Payment may be charged to a VISA, MasterCard, Discover or American Express. If you choose to pay by credit card, please fax the completed CE Registry Advertising Placement Form to 866/451-9020 (North America) or 312/266-9867 (International). Payment by check can be mailed with the completed form to the address below.

For general questions regarding the CE Registry, contact the AAE at 800/872-3636 (North America) or 312/266-7255 (International), ext. 3049, or via e-mail at bstewart@aae.org.

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Phone: 800/872-3636 (North America) or 312/266-7255 (International); Fax: 866/451-9020 (North America) or 312/266-9867 (International)

E-mail: info@aae.org; Website: www.aae.org



CE Registry Advertising Placement

Before completing the form, please read the Submission Guidelines. Course listings are accepted for publication in the *Journal of Endodontics* and/or for posting on the AAE website. If you have any questions, please contact the AAE at 800/872-3636 (North America) or 312/266-7255 (International), ext. 3049, or e-mail bstewart@aae.org. Please type or print.

CONTACT INFORMATION

Name: _____

Address: _____

Phone: _____

City, State, Zip: _____

PRINT ADS

\$100/month per advertising block in the <i>JOE</i> (select month(s) below)											
<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun	<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
SUBTOTAL: \$ _____											

ONLINE ADS

<input type="checkbox"/> \$100/month for each individual course listing on the AAE website (select month(s) below)											
<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun	<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
I would like to link the online listing to this event website: _____											
<i>If you have a logo or graphic to accompany your online posting, please submit it to bstewart@aae.org.</i>											
SUBTOTAL: \$ _____											

EVENT DESCRIPTION

Institution:	_____										
Course Title:	_____										
Date(s):	_____										
Instructor(s):	_____										
Course Open to:	<input type="checkbox"/> Endodontists Only	<input type="checkbox"/> General Practitioners Only	<input type="checkbox"/> Both	<input type="checkbox"/> Other:	_____						
Fee(s):	_____	Credit Hours:	_____								
Contact Information:	_____										

PAYMENT INFORMATION

TOTAL ORDER: \$ _____											
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	<input type="checkbox"/> Check #:	_____						
Credit Card #:	_____	Exp. Date:	_____								
Card Holder's Name:	_____	Signature:	_____								

The AAE reserves the right to edit the provided information, if necessary, to comply with style and to fit space available. For additional course listings, copy this form and attach.

Mail completed form to: American Association of Endodontists, ATTN: CE Registry, 211 E. Chicago Ave., Suite 1100, Chicago, IL 60611; or fax form with credit card information to 866/451-9020 (North America) or 312/266-9867 (International).