

# SOUTH DAKOTA OCCUPATIONAL THERAPY ASSOCIATION

## Advertising and Marketing

SDOTA employs a website and emails membership to continually provide updated information.

“SDOTA Link,” the newsletter of SDOTA provides timely distribution of information to occupational therapy practitioners and students throughout South Dakota. The newsletter is distributed bimonthly via email or hard copy. Newsletters are archived on the SDOTA website.

SDOTA provides a directory to its members. Included in the directory are advertisements promoting products, services, or employment opportunities. The directory is updated and distributed to SDOTA members annually.

SDOTA members may advertise with a 10% discount.

State associations may advertise for free with SDOTA.

Payment is non-refundable.

Processing time is seven to ten days.

### RATES:

- Website advertisement and email blast (email addresses will not be provided but sent to membership through the SDOTA administrative assistant)
  - o \$100.00
  - o Advertisement on website will be posted for 60 days
- Membership mailing list **rental** (provided for ONE TIME USE ONLY)
  - o Only provided for continuing education or employment advertising
  - o \$50 per use
  - o Excel spread sheet or printed labels
- Combination advertising break:
  - o Website, email blast, and newsletter: \$110
  - o Labels, website, and email blast:\$120
- Print Advertisements:
  - o “SDOTA Link” Newsletter (sent bi-monthly)
  - o Membership Directory (printed annually)
    - dimensions for advertisements are for standard 8 ½” by 11” paper
    - one ad per year for the directory or two consecutive newsletter issues
    - a copy of the ad will be enclosed with the bill
      - Full page: \$80.00
      - ½ page: \$45.00
      - ¼ page: \$25.00

**I would like to order the following advertising:** \_\_\_\_\_

Name \_\_\_\_\_

Facility/Business \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

E-mail \_\_\_\_\_

**Payment:** We accept checks and credit cards (Visa or MasterCard only please)

Cardholder's name: \_\_\_\_\_

Billing address: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Account number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CVV2 Card Verification Value (back three numbers): \_\_\_\_\_

**Please send form and payment to:**

**SDOTA, PO Box 88732, Sioux Falls, SD 57109**

**605.335.5542**

[sdota@msn.com](mailto:sdota@msn.com)

[www.sdota.org](http://www.sdota.org)