

NCSS The Social Studies Professional Insertion Order 2012

company/organization _____

address: _____

city: _____ state: _____ zip: _____

contact name: _____ dept. title: _____

phone: _____ fax: _____

e-mail: _____

signature: _____ date: _____

Billing name and address (if different from above):

Mark the boxes below that correspond to the month(s) your ad will print. A new and separate insertion form is needed for every new ad. Artwork arriving without the intended publication name and month of issue clearly labeled will require special verification and this may affect the positioning of the ad.

Jan/Feb

May/June

October

March

July/Aug

Nov/Dec

April

Sept

Ad Size

Full

Half Page horizontal

Half Page vertical

Two-thirds vertical

One-third square

One-third vertical

One-sixth

Preferred Positioning

cover 2

cover3

Color Options

Black only

Process Colors (CYMK)

Total Cost

\$ _____

Please see current advertising rates at www.socialstudies.org/advertising

Check here if your ad contains time sensitive information such as a date.

Ad Name/Headline/Description

Return to Bill Doran

8555 Sixteenth Street, Suite 500, Silver Spring, MD 20910

(302) 644-0546 voice | (302) 644-4678 fax

