

NCSS Young Learner Insertion Order 2019

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.

January/February

March/ April)

September/ October

November/December

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

cover 4

Color Options

Black only

Process Colors (CYMK)

Ad Name/Headline/Description

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.

Return to: **Rachel Barkin**, Account Executive
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Tel: (202) 367-2329
fax: (202) 367-2173


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