

How to reserve your advertising space:

 Email contract to anna.ohara@nyssba.org

 Fax contract to 518-783-3540

NYSSBA's 2020 District Employment Advertising Contract

ON BOARD ADVERTISING

2020 On Board Schedule

Please check the issue(s) for ad placement.

Publication Dates	Reservations & Ad Deadlines
<input type="checkbox"/> January 13	December 11, 2019
<input type="checkbox"/> February 3	January 8
<input type="checkbox"/> February 24	January 29
<input type="checkbox"/> March 16	February 19
<input type="checkbox"/> April 6	March 11
<input type="checkbox"/> April 27	April 1
<input type="checkbox"/> May 18	April 22
<input type="checkbox"/> June 8	May 13
<input type="checkbox"/> June 29	June 3
<input type="checkbox"/> July 20	June 24
<input type="checkbox"/> August 10	July 15
<input type="checkbox"/> August 31	August 5
<input type="checkbox"/> September 21	August 26
<input type="checkbox"/> October 12	September 16
<input type="checkbox"/> November 9	October 7
<input type="checkbox"/> November 30	November 4
<input type="checkbox"/> December 21	November 25

Ad Size	Dimensions
Quarter-Page	4.875" w x 6.5" h

Pricing Chart Per Insertion

Please indicate desired ad

Ad Size	Cost
<input type="checkbox"/> Quarter Page	\$190
<input type="checkbox"/> Quarter Page w/Web Posting*	\$270
<input type="checkbox"/> Web Posting* ONLY	\$185
<input type="checkbox"/> Additional Web Posting*	\$160

*Includes one (1) 4-week web posting for one (1) vacancy per online posting.

Web Posting Submitted** (750 word max.)
Start Date: _____ End Date: _____

**Web Listings require the ONLINE Web Listings Form to be submitted
(www.nyssba.org/district-employment-form)

Layout Charges

NYSSBA can assist with laying out ads that are not camera-ready.

Quarter page layout: \$70

*Additional listings are available for an additional fee if submitted at the same time, see above for pricing.

ADVERTISING INFORMATION

Position _____

School District _____

AMOUNT DUE

Cost per Insertion/Posting \$ _____

of Insertions/Postings _____

Layout Charges \$ _____

TOTAL \$ _____

METHOD OF PAYMENT

Purchase Order # _____

Check Please Send Invoice Credit Card

Card Holder's Name _____

Account Number _____

Exp. Date _____

Card Holder's Signature _____

COMPANY INFORMATION

District/Organization Purchasing Ad _____

Address _____

City _____

State _____

Zip _____

Contact Name _____

Phone _____

Email _____

Signature _____