

How to reserve your advertising space:

Email cassandra.ingham@nyssba.org

Fax contract to 518-783-3540

NYSSBA's 2021 District Employment Advertising Contract

ON BOARD ADVERTISING

2021 On Board Schedule

Please check the issue(s) for ad placement.

Publication Dates	Reservations & Ad Deadlines
<input type="checkbox"/> January 18	December 9, 2020
<input type="checkbox"/> February 8	January 13
<input type="checkbox"/> March 1	February 3
<input type="checkbox"/> March 22	February 24
<input type="checkbox"/> April 12	March 17
<input type="checkbox"/> May 3	April 7
<input type="checkbox"/> May 24	April 28
<input type="checkbox"/> June 14	May 19
<input type="checkbox"/> July 5	June 9
<input type="checkbox"/> July 26	June 30
<input type="checkbox"/> August 16	July 21
<input type="checkbox"/> September 6	August 11
<input type="checkbox"/> September 27	September 1
<input type="checkbox"/> October 18	September 22
<input type="checkbox"/> November 11	October 13
<input type="checkbox"/> November 29	November 3
<input type="checkbox"/> December 20	November 24

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

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 _____