

How to reserve your advertising space:

Email contract to cassandra.ingham@nyssba.org

NYSSBA's 2022 District Employment Advertising Contract

ON BOARD ADVERTISING

2022 On Board Schedule

Please check the issue(s) for ad placement.

Publication Dates	Reservations & Ad Deadlines
<input type="checkbox"/> January 10	December 15, 2021
<input type="checkbox"/> January 31	January 5
<input type="checkbox"/> February 21	January 26
<input type="checkbox"/> March 14	February 16
<input type="checkbox"/> April 4	March 9
<input type="checkbox"/> April 25	March 30
<input type="checkbox"/> May 16	April 20
<input type="checkbox"/> June 6	May 11
<input type="checkbox"/> June 27	June 1
<input type="checkbox"/> July 18	June 22
<input type="checkbox"/> August 8	July 13
<input type="checkbox"/> August 29	August 3
<input type="checkbox"/> September 19	August 24
<input type="checkbox"/> October 10	September 14
<input type="checkbox"/> November 7	October 5
<input type="checkbox"/> November 28	November 2
<input type="checkbox"/> December 19	November 23

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 _____