

How to reserve your advertising space:

Contact advertising@nyssba.org

NYSSBA's 2025 Commercial Advertising Contract

ON BOARD ADVERTISING

All ads are 4-color.

2025 Publication Schedule

Please check the issue(s) for ad placement.

Publication Dates	Reservations & Ad Deadlines
<input type="checkbox"/> January 13	December 11, 2024
<input type="checkbox"/> February 3	January 8
<input type="checkbox"/> February 24	January 29
<input type="checkbox"/> March 17	February 19
<input type="checkbox"/> April 7	March 12
<input type="checkbox"/> April 28	April 2
<input type="checkbox"/> May 19	April 23
<input type="checkbox"/> June 9	May 14
<input type="checkbox"/> June 30	June 4
<input type="checkbox"/> July 21	June 25
<input type="checkbox"/> August 11	July 16
<input type="checkbox"/> September 1	August 6
<input type="checkbox"/> September 22	August 27
<input type="checkbox"/> October 13	September 17
<input type="checkbox"/> November 3	October 8
<input type="checkbox"/> November 24	October 29
<input type="checkbox"/> December 15	November 19

Ad Size – Please indicate desired ad size.

Ad Size	Dimensions
<input type="checkbox"/> Quarter-Page	4.875" w x 6.5" h
<input type="checkbox"/> Half-Page (vertical)	4.875" w x 13.16" h
<input type="checkbox"/> Half-Page (horizontal)	10" w x 6.5" h
<input type="checkbox"/> Full-Page	10" w x 13.16" h

Pricing Chart Per Insertion

Ad Size	1x	3 - 5x	6x+
Quarter-Page	\$370	\$335	\$300
Half-Page	\$590	\$530	\$480
Full-Page	\$785	\$700	\$630
Full-Page, Back Cover	\$985	\$900	\$815

E-CLIPS ADVERTISING

Please check number of weeks of advertising requested.

Number of Weeks			
<input type="checkbox"/> 1 Week \$550	<input type="checkbox"/> 2 Weeks \$1,000	<input type="checkbox"/> 3 Weeks \$1,500	<input type="checkbox"/> 4 Weeks \$1,750

E-Clips Run Dates:

Preferred Dates: _____

Ad Dimensions: 250 pixels (w) x 500 pixels (h)

AMOUNT DUE

On Board Advertising \$_____

(# of Insertions ___ x cost/insertion \$_____)

25% Layout Charge (if needed) \$_____

(Cost of insertion ___ x .25 = \$_____)

E-Clips Advertising \$_____

TOTAL \$_____

METHOD OF PAYMENT

Check Please Send Invoice Credit Card

Card Holder's Name _____

Account Number _____

Exp. Date _____

Card Holder's Signature _____

COMPANY INFORMATION

Company Name _____

Address _____

City _____

State _____

Zip _____

Phone _____

Email _____

Signature _____

Advertising Standard: NYSSBA solely reserves the right to reject any advertising that conflicts with the objectives, standards, and/or programming of the Association.