

How to reserve your advertising space:
Contact Tonya Holland at advertising@nyssba.org

NYSSBA's 2025 District Employment Advertising Contract

ON BOARD ADVERTISING

2025 On Board 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	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.

<input type="checkbox"/> Web Posting Submitted** (750 word max.) Start Date: _____ End Date: _____
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**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 _____