



Date: _____

Text and Academic Authors Association 2008-2009 Ad Form

P.O. Box 76477, St. Petersburg, FL 33734-6477

P: (727) 563-0020 F: (727) 230-2409 www.TAAonline.net

Name of Advertiser: _____

Advertiser Contact Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Country: _____

Telephone: _____ E-Mail: _____

Fax: _____ Web Site: _____

Type of AD _____ **Cost (per issue):** _____ **Cost (10 issues):** _____

Check the ad size you would like:

<input type="checkbox"/> Half Page	(7.5" x 4.75")	\$275	\$1,000
<input type="checkbox"/> Quarter Page	(4.5" x 3.5")	\$175	\$700
<input type="checkbox"/> 1/8 Page	(2.5" x 3.5")	\$125	\$500
<input type="checkbox"/> Business-Card	(3.5" x 2")	\$50	\$200
<input type="checkbox"/> Website Ad	(162 x 100) pixels		

72 dpi, RGB color format

2008-2009 Newsletter Issues _____ **Ad Deadline:** _____ **Payment Due:** _____

Check the newsletter issue you would like:

<input type="checkbox"/> January	December 1st	December 10th
<input type="checkbox"/> February	January 1st	January 10th
<input type="checkbox"/> March	February 1st	February 10th
<input type="checkbox"/> April	March 1st	March 10th
<input type="checkbox"/> May	April 1st	April 10th
<input type="checkbox"/> June	May 1st	May 10th
<input type="checkbox"/> September	August 1st	August 10th
<input type="checkbox"/> October	September 1st	September 10th
<input type="checkbox"/> November	October 1st	October 10th
<input type="checkbox"/> December	November 1st	November 10th

Website Ad

<input type="checkbox"/> Three Months	\$400
<input type="checkbox"/> Six Months	\$450
<input type="checkbox"/> Nine Months	\$500
<input type="checkbox"/> 12 Months	\$525

Beginning Date _____

Ending Date _____

Ad Artwork

Formats Accepted:

- Black and White ONLY
- Must be in .JPEG format

I will submit new ad artwork by the deadline.

Please use my ad from _____ issue (month/year).

I would like an ad designed for an additional fee.

Contact the Advertising Manager or refer to ad rate sheet for rates, etc.

_____ **Total Payment** _____ *Please enclose check for full payment and mail to:*

Please Mail this form and **AD COPY** to: Text and Academic Authors Association, C/O: Janet Tucker
P.O. Box 76477, St. Petersburg, FL 33734

Please Sign Below _____ *Signature is required*

Signature _____