



NPTA AD Agreement Insertion Order

Bill to: Advertiser Agency

Advertiser

Company Name: _____
Contact: _____
Address: _____
Title: _____
City/State/Zip: _____
Phone: _____
Email: _____
Fax: _____

Agency

Company Name: _____
Contact: _____
Address: _____
Title: _____
City/State/Zip: _____
Phone: _____
Email: _____
Fax: _____

Paper & Packaging Newsletter

<u>Rates</u>	1x	4x
Full Page	\$1,850	\$1,500
½ Page (horizontal)	\$1,000	\$800

Specs

Trim Size: 8 1/2 x 11 1/2
Full Pg w/ Bleed: 8 3/4 x 11 1/4 *
Full Pg: 7 1/2 x 10
Half Pg (no bleeds): 7 1/2 x 4
*No live copy with 1/8 inch of trim size

Deadlines

	<u>I/O's</u>	<u>Materials</u>	<u>Mail</u>
Q1	12/24/09	1/11/10	2/15/10
Q2	4/12/10	4/26/10	5/31/10
Q3	8/2/10	8/16/10	9/20/10
Q4	10/11/10	10/25/10	11/29/10

Paper & Packaging Update

<u>Rates</u>	1x	More than 4x
Horizontal Ad	\$500	\$300
Vertical Ad	\$500	\$300

Specs

Horizontal Ad – 365 pixels wide by 75 pixels tall
Vertical Ad- 169 pixels wide by 187 pixels tall
*Ad should be sent in .jpeg or .gif format

Deadlines

I/O's - Once Month prior to publication
Materials – Two weeks prior to publication

**** Rates include NPTA membership discount. Non-members will incur a 20 percent increase.**

Issue Date _____
Size & Position _____
Ad Cost x # of Issues _____ (less 15% agency discount if applicable)
Total Order Amount _____
Authorized Signature _____

Please fax completed form to 312.644.0575. If you have any questions, call Nicole Boland, advertising account manager, at 312.673.5828 or nicole.boland@gonpta.com