Association of Executive and Administrative Professionals 900 S. Washington St., Suite G-13 • Falls Church, VA 22046

Phone 703-237-8616 • Fax 703 533-1153 • E-mail headquarters@theaeap.com

Newsletter Advertising Rates/Information

Newsletter Description: Color: two color Circulation: 4,000

> Trim Size: 8.5 x 11 Pages: 8

Newsletter Publication Dates: Published 9 times a year – July/August,

September/October and November/December combined issues.

Advertising Size/Rates:

	Ad Size	Per Issue Rate
Quarter Page	4 ½" wide x 3 ¼" high	\$275
Eighth Page	2 1/4" wide x 3 1/4" high	\$175

If you run six or more consecutive ads, a frequency discount of 10% is available.

Please note that Business Affiliates receive a 25-35% discount. This discount cannot be combined with any other.

Acceptable Formats:

High-resolution (300 dpi or higher) in JPG, TIFF, EPS (Photoshop or Illustrator), or PDF and QuarkXPress, as long as it includes all fonts and graphics used in the ad.

Terms

- 1. Articles must be related to the administrative field or their business.
- 2. Payment in full must accompany each ad..
- 3. One or Two-color ads are available. The colors change quarterly. Contact publisher for Pantone colors.
- 4. Position of ad will be determined on a space-available basis by the publisher.
- 5. Ad copy and payment are due on the 1st of the month prior to issue (example: December 1st for inclusion in the January issue).
- 6. E-mail your ad to headquarters@theaeap.com. Type "Newsletter Ad" in the subject line.
- 7. Ad cancellations must be received in writing or by e-mail 30 days prior to the issue in which advertising has been purchased.
- 8. AEAP reserves the right to decline, accept or withdraw advertisements at its discretion

Newsletter Advertising Form

Company Name:			
Contact Name:			
Billing Address:			
City:	State:	Zip Code:	
Phone Number: ()		
Fax Number: ()		
E-mail Address:			
Please select insertion dates: Jan Feb Mar Apr Please Select Ad Size:	: May □ Jun □ Jul/Aug □	□ Sept/Oct □ Nov/Dec	
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	ecks must be made payable to AEAF SA () MasterCard () Amer		
Credit Card #:		Exp. Date:	
Credit Card Billing Address Z	Zip Code:	_	
Mail form with check or credit AEAP 900 S. Washington St., Ste., C Falls Church, VA 22046 Or Fax with Credit Card Infor	G-13		