



Why Should Your Company Advertise in NE/SAE's Newsletter?

- ◆ Reach decision makers in the association community
- ◆ Stand out above your competition
- ◆ Reinforce your commitment to the association industry
- ◆ Increase the visibility of your company with your customers and potential customers

Ad Submission Deadlines:

January 1st April 1st July 1st October 1st

Ad Sizes/Rates:

Ad rates vary according to ad size and number of issues. NE/SAE members receive a preferred discounted rate. Please see rates on the order from below. Please fill out this form to be assured that your ad will be in the issues you prefer. **All rates are net, non-commissionable.** Ads may be in color or black and white. The newsletter is digitally outputted in full color and mailed to all members. It is also posted to our web site indefinitely. A link to the web newsletter is sent to all members. **Ads must be camera-ready and sent electronically.** No bleed available.

MEMBER Ad Sizes/Rates	1x	2x per ad	4x per ad
Full page 7.5" x 10"	<input type="checkbox"/> \$450	<input type="checkbox"/> \$425	<input type="checkbox"/> \$400
Half page 7.5" x 5" or 3.75" x 10"	<input type="checkbox"/> \$325	<input type="checkbox"/> \$300	<input type="checkbox"/> \$275
Quarter page 3.75" x 5"	<input type="checkbox"/> \$225	<input type="checkbox"/> \$200	<input type="checkbox"/> \$175

Non-members – Add \$100 to above rates.

We would like to advertise in the following editions of NE/SAE's *ExecuNotes*:

January 2012 April 2012 July 2012 October 2012

NE/SAE reserves the right to reject any advertising that it deems to be detrimental to its interests or not consistent with publication standards. Ads will not be accepted from companies with outstanding balances. Both ad agency and member are responsible for payment.

Name _____ Title _____
 Company _____ Phone _____
 Address _____ Fax _____
 City, State, Zip _____
 E-mail _____

If paying by check, please make check payable to NE/SAE and mail with this form to:
 New England Society of Association Executives
 6 Boston Road, Suite 201
 Chelmsford, MA 01824

If paying by Credit Card, we accept: Visa MasterCard American Express

Authorized amount: \$ _____

Card number: _____

Name on card: _____

Billing Address (if different from above): _____

Exp. date: ____/____/____ Signature: _____

Questions? Please call Pam McKenna 978-250-9847 or e-mail: info@nesae.org
 This form may be faxed with payment to: 978 250-1117 or scanned and e-mailed to: info@nesae.org