



Direct all advertising inquiries to:

Pam Boller
Journalism Education Association
Kansas State University
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FedEx or UPS delivery should be addressed to:

Pam Boller
Journalism Education Association
Kansas State University
014 Kedzie Hall
Manhattan, KS 66506

The publisher assumes no responsibility for the return of manuscripts or art although every attempt will be made to return such material if requested.

Contract

FOR ADVERTISING

YES, I'd like to take this opportunity to reach thousands of the top journalism educators in the nation by advertising in the Journalism Education Association's magazine. Advertising rates listed on the Rate Card and Contract are for camera-ready ads submitted electronically. All fonts and linked graphics files must be submitted with the document or ads must be submitted as PDF documents. All additional art, photography, or unusually time-consuming work will be charged at the rates below on the contract. No ad placement will be guaranteed. However, placement will be granted, if possible, when requested. All ads must be paid in advance. JEA will provide advertisers with one copy of each publication in which their ad runs. Additional copies are \$5/each.

Deadline details

Published four times a year. Mailed Bulk Rate.

Issue.....	Ad deadline	Copy deadline	To printer	To members
Fall.....	July 16	July 16	Aug. 13	Sept. 9
Winter.....	Aug. 20	Sept. 3	Oct. 6	Oct. 28
Spring.....	Nov. 19	Dec. 10	Jan. 12	Feb. 9
Summer.....	Jan. 28	Feb. 11	March 10	April 8

C:JET

AD SIZE

- IFC (\$650)
- IBC (\$650)
- BC (\$700)
- Page (\$320)
- 1/2 page (\$125)
- 1/4 page (\$70)
- 1/8 page (\$50*)

ISSUE

- Fall
- Winter
- Spring
- Summer

AD COST

\$ _____
(per issue cost x no. of issues)

ADDITIONAL ITEMS

- All four issues — Deduct 10%..... \$ _____
- * Workshop directory, 1/8-page ad (summer issue only)
— Deduct \$25 if purchased with another ad..... \$ _____
- Typesetting, electronic file preparation, etc..... \$ _____

TOTAL CHARGES \$ _____

Key words for ad _____

Contact person _____ Date _____

Firm name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

E-mail _____

METHOD OF PAYMENT

- MasterCard
- Visa
- Check # _____
- Purchase Order _____

Credit card number _____ Expiration _____

Authorized signature _____

Print name here _____