

# NCSS *The Social Studies Professional* Insertion Order 2008

Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BILLING NAME AND ADDRESS** (if different from above): \_\_\_\_\_

***The Social Studies Professional*** Check the issue(s) below in which your ad will appear. Note: A new and separate insertion is required when any content of an ad is changed or updated. Artwork arriving without the intended publication name and month of issue clearly labeled will require special verification.

- |   |  |
|---|--|
| <input type="checkbox"/> <i>September</i>         | <input type="checkbox"/> <i>January/February</i> |
| <input type="checkbox"/> <i>October</i>           | <input type="checkbox"/> <i>March/April</i>      |
| <input type="checkbox"/> <i>November/December</i> | <input type="checkbox"/> <i>May/June</i>         |

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## Ad Size

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| <input type="checkbox"/> Full Page           | <input type="checkbox"/> Half Page Horizontal | <input type="checkbox"/> Half Page Vertical |
| <input type="checkbox"/> Two-Thirds Vertical | <input type="checkbox"/> One-Third Square     | <input type="checkbox"/> One-Third Vertical |
|  | <input type="checkbox"/> One-Sixth Vertical   | <input type="checkbox"/> Classified         |

## Preferred Positioning

- |                                  |                                  |                                  |
|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Cover 2 | <input type="checkbox"/> Cover 3 | <input type="checkbox"/> Cover 4 |
|----------------------------------|----------------------------------|----------------------------------|

## Color Options

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> 2-Color    |   |
| <input type="checkbox"/> Black only | <input type="checkbox"/> Process Color (CMYK) |

Ad Name/Headline/Description

## Total Cost

\$ \_\_\_\_\_

- Check here if your ad contains time sensitive information such as a date.

**Return this form to:**  
**Bill Doran**  
8555 Sixteenth Street, Suite 500, Silver Spring, MD 20910  
(302) 644-0546 voice | (302) 644-4678 fax