



Established 1962

National Council of Acoustical Consultants

"Enhancing the stature and effectiveness of the acoustical consulting profession for the mutual benefit of the public and the member firms"

NCAC NEWSLETTER -2006 ADVERTISING RATES

<u>ONE (1) - TWO (2) - OR THREE (3) CONSECUTIVE ISSUES</u>		<u>PER ISSUE</u>
Full Page	(7"x10")	\$650.00
Half Page	(7" x 5" or 3 1/2" x 10")	\$350.00
Quarter Page	(3 1/2" x 5")	\$200.00
 <u>SPECIAL 4 ISSUE RATES</u>		
Full Page	(Save \$100.00)	\$550.00
Half Page	(Save \$ 50.00)	\$300.00
Quarter Page	(Save \$ 25.00)	\$175.00

An additional 25% discount may be applied to multiple page advertisements on a 4-issue contract basis only.

The above rates are for "Press Quality" PDF. (Add \$50.00/per hour to the cost of any ad which must be prepared by NCAC from typewritten copy; for reproducible illustrations - request quote.)

<u>INSERTS - Up to (4) pages</u>	<u>PER ISSUE</u>
In addition to a Full Page Ad	\$250.00
Insert only, no ad	\$550.00
All inserts over (4) pages, per page	\$175.00

DEADLINES

Ad copy and graphics must be received by the first of the month prior to the publication of the issue.

<u>Issue</u>	<u>Deadline for Ads</u>
Winter	February 1
Spring	April 1
Summer	July 1
Fall	September 1

Any questions concerning NCAC News advertising should be directed to Jackie Williams, NCAC Executive Director.



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ADVERTISING CONTRACT

Complete the following information and return it to:

NCAC
7150 Winton Drive, Suite 300
Indianapolis, IN 46268

I wish to advertise in the next __1,__2,__3,__4, issues

Ad size will be: __full page __1/2 page __1/4 page

__ Email Ad to: Tony Rosa at trend1@aol.com and copy to: info@ncac.com

__ Copy will be emailed to you prior to deadline.

__ My ad is not in final form. Kindly use the enclosed typewritten copy and reproducible logo. (Add instructions, if any. Note: Charge for this additional service at the rate of \$50/hour or call for quote.)

NOTE: For Technical Support, call Tony Rosa, 732-787-0786

__ Enclosed is my payment of \$_____ to cover the insertions ordered.

__ Please bill me. Complete the information below using Purchase Order/Insertion Order No. _____ dated _____

NAME _____

COMPANY _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ FAX _____ DATE _____