

ADVERTISING CONTRACT AND INSERTION ORDER

Rates Effective January 1, 2009

PLEASE RESERVE IN THE **NBA TODAY**:

| | |
|--|---------|
| ___ One (1) Page B/W (Bleed) 8 ½ x 11* | \$1,200 |
| ___ One (1) Page B/W (Non-Bleed) 7 x 10 | \$1,200 |
| ___ Two-Third Page B/W (2/3) Horizontal 7 x 6 | \$1,000 |
| ___ Two-Third Page B/W (2/3) Vertical 4 ½ x 10 | \$1,000 |
| ___ One Half (1/2) Page B/W Horizontal 7 x 4 ½ | \$ 950 |
| ___ One Half (1/2) Page B/W Vertical 4 ½ x 7 ½ | \$ 950 |
| ___ Inside Front Cover B/W | \$1,800 |
| ___ Back Cover B/W | \$2,000 |
| ___ Centerfold | \$2,300 |
| ___ Inside Back Cover B/W | \$1,600 |

*10% extra charge for bleeds

Four-Color process add \$1,000 per page

AD SPECIFICIATIONS:

Black & White Ads:

133 Line Screen

Film Negatives Emulsion Side Down or,
Velox or

Electronics:

Native application preferred (such as file saved in QuarkXpres or Adobe Photoshop)

Include all fonts and pictures

Mac format on Syquest Cartridge, Zip Disc, CD, 3 ½" Disk

NO LASERS WILL BE ACCEPTED FOR PRINTING

(Fill in Advertiser Information on back)

ADVERTISER INFORMATION

Company/Bank

Name: _____

Agency (if placed by Agency)

Name: _____

Company/Bank

Address: _____

Agency

Address: _____

Telephone: _____ Fax: _____

Authorized

By: _____ Title: _____

Date: _____

AD Fee Amount \$ _____ Page Size _____ (From Front)

Payment:

Bill my Company/Bank Bill my Agency Check (payable to NBA)

Master Card VISA American Express

Card Number: _____ Expiration Date: _____

Name on Card: _____

Cardholder Signature: _____

Please retain a copy of this form for your records.

Return Page with Payment to:

Evonne Holliday
NBA Advertising & Exhibits
1513 P Street, NW
Washington, D. C. 20005
(202) 588-5432
(202) 588-5443 (Fax)

| |
|------------------|
| For NBA Use Only |
| Date |
| Received: _____ |
| Invoice |
| Number: _____ |
| Initials: _____ |