

# Connecticut Chapter Ad Placement Request Form

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

## Web Advertising

### Type of Ad

☐ Classified Ad Fee: \$1 per word

☐ Logo \$50.00

### Duration of Ad

☐ 30 days ☐ 60 days ☐ Ongoing

## Newsletter Advertising

### Type of Ad

Type of Ad	Size	Fee
<input type="checkbox"/> Classified Ad	n/a	\$1.50 per word
<input type="checkbox"/> Business Card Display Ad	3 ½ x 2	\$90.00
<input type="checkbox"/> 1/8 page Display Ad	3 ½ x 2 ¼	\$120.00
<input type="checkbox"/> 1/4 page Display Ad	3 ½ x 4 ¾	\$195.00
<input type="checkbox"/> 1/2 page Display Ad	7 ¼ x 4 ¾	\$275.00
<input type="checkbox"/> Full Page	7 ¼ x 9 ¾	\$400.00

### Duration of Ad

(Newsletters are published quarterly)

☐ 1 time only ☐ Ongoing ☐ Other \_\_\_\_\_

### Editions to be placed in

☐ January -March ☐ April-June ☐ July-September ☐ October-December

\_\_\_\_\_

**We now accept Master Card, Visa, Amex and Discover**

## Ad Copy

Receipt of ad in electronic form is preferred to ensure the accuracy and detail of your ad. Please e-mail your ads to: [naswbookkeeper@naswct.net](mailto:naswbookkeeper@naswct.net). This form must be received before the ad will be posted.

## Billing

NASW/CT will be happy to bill you after placing your ad. Please submit payment within 30 days. Bills not paid within 30 days are subject to a \$10.00 late charge.

## Text of Classified Ad (Newsletter and/or Web)

Classified Ad Below

Approximate # of Words \_\_\_\_\_

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For questions, please contact NASW/CT at (860) 257-8066

Please return form to: NASW/CT Ad Department  
2139 Silas Deane Hwy, Suite 205  
Rocky Hill, CT 06067  
E-mail: [naswbookkeeper@naswct.net](mailto:naswbookkeeper@naswct.net)  
Fax: (860) 257-8074

**National Association of Social Workers now accepts Master Card, Visa, Amex and Discover.**

**If paying with one of the accepted credit cards, please fill out the following:**

Card Holder Name: \_\_\_\_\_ Date \_\_\_\_\_

Company Name: \_\_\_\_\_

**(If company is cardholder)**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Card Type: \_\_\_\_\_ Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ 3 digit # on back of card: \_\_\_\_\_

Amount \$ \_\_\_\_\_

For \_\_\_\_\_