



## The Delaware Valley Branch - AALAS Newsletter Advertising Application 2020

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

Contact: \_\_\_\_\_  
(First Name) (Last Name)

Institution/Firm: \_\_\_\_\_

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

Work Phone: (     ) \_\_\_\_\_ Fax Number: (     ) \_\_\_\_\_

E-mail: \_\_\_\_\_

**Our newsletter page is 8 ½ x 11 inches and features a half inch border.  
 Indicate below the issues you would like to see your ad published.**

					Total #
Feb 2020	March 2020	May 2020	Sept 2020	Nov 2020	

### ADVERTISING FEES FOR ADS

<u>COMMERCIAL MEMBER FEES</u>	<u>NON-COMMERCIAL MEMBER FEES</u>
¼ Page Ad (Five Issues)     \$280.00     =     _____	¼ Page Ad (Five Issues)     \$360.00     =     _____
¼ Page Ad     ___ (#) x \$56.00 (each)     =     _____	¼ Page Ad     ___ (#) x \$72.00 (each)     =     _____
½ Page Ad (Five Issues)     \$460.00     =     _____	½ Page Ad (Five Issues)     \$540.00     =     _____
½ Page Ad     ___ (#) x \$92.00 (each)     =     _____	½ Page Ad     ___ (#) x \$108.00 (each)     =     _____
Full Page Ad (Five Issues)     \$720.00     =     _____	Full Page Ad (Five Issues)     \$800.00     =     _____
Full Page Ad     ___ (#) x \$144.00(each)     =     _____	Full page Ad     ___ (#) x \$160.00(each)     =     _____
Back Cover     ___ (#) x \$320.00(each)     =     _____	Back Cover     ___ (#) x \$420.00(each)     =     _____
Front Cover     ___ (#) x \$320.00(each)     =     _____	(Inside – In color, full page only)
	Front Cover     ___ (#) x \$420.00(each)     =     _____
	(Inside – In color, full page only)
<b>Total Amount     =     _____</b>	<b>Total Amount     =     _____</b>

Checks Payable to DVB-AALAS  
 Send your electronically available artwork (JPEG, EPS, etc.) to [difrancesco@wistar.org](mailto:difrancesco@wistar.org)  
 Questions? Call Denise DiFrancesco @ 215-898-3782

**REMIT TO:**  
 Denise DiFrancesco  
 DVB AALAS Publicity and Membership Chair  
 Wistar Institute  
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 Philadelphia, PA 19104