



BRAIN INJURY ASSOCIATION OF DELAWARE (BIAD)

“BRAINSTORMING” NEWSLETTER 2011 AD RATE SHEET

FULL PAGE
7 1/2” W x 10” D
Single Issue - \$255
Two Issues - \$455 *

1/2 PAGE
7 1/2” x 5” D
Single Issue - \$155
Two Issues: \$275 *

1/4 PAGE
3 3/4 “ W x 5” D
Single Issue - \$95
Two Issues: \$165 *

1/8 PAGE
3 3/4” W X 2 1/2” D
Single Issue - \$55
Two Issues - \$95 *

* The price stated is the discounted price.

Mechanical Requirements

All required ad information must be sent to the Brainstorming Team by November 1, 2011. Artwork must be camera-ready and formatted in the correct dimensions (listed above). Save in a high-quality .jpg, .bmp, or .gif format and email to admin@biade.org. All advertisements will be printed in black only. All advertisement artwork production is solely the responsibility of the advertiser. No production services will be provided. No artwork will be returned unless specifically indicated by the advertiser. No advertisement placements will be guaranteed. Under no circumstances will a refund be made because of the placement of the advertisement. No ads will include bleeds of any kind, so please conform to the dimensions and formats above.

Copy Protective Clause

Advertisers and agencies assume full liability for all contents of all advertisements printed and also assume responsibility for claims arising there from made against the publishers. The publisher reserves the right to reject any advertising which it feels is not in keeping with the publication’s standards. Ads must be in the field of brain injury to be accepted.

Questions on Ad Design or Computer Requirements?

Call Esther Curtis, Executive Director of BIAD, at (302) 346-2083.

This ad rate sheet is your bill. All payments are due November 1, 2011. Payments may also be made on BIAD’s web site using the “Donate Now” option.

Please visit our web site at www.biade.org for details.

Please make your check payable to BIAD, a 501(c)(3) organization, and send the following form to:

BRAINSTORMING TEAM

c/o BIAD

P.O. Box 1897

Dover, DE 19903

Company Name: _____

Contact Person: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Total Amount Enclosed: \$ _____

Check One: Full Page 1/2 Page 1/4 Page 1/8 Page