

Phi Delta Kappan **SPACE CONTRACT • INSERTION ORDER**

This is a space contract for advertising in the *Phi Delta Kappan* education journal and is binding unless canceled before the space reservation closing date. Terms and conditions of this contract are as published in the *Phi Delta Kappan* rate card (<http://www.pdkintl.org/kappan/khpadver/krate.pdf>) and the current issue of *SRDS for Business Publications*. The terms and conditions set forth therein are binding. Please complete all sections and check completed sections for accuracy before submitting.

Advertiser (Company Name) _____ Your Insertion or Purchase Order No. _____
 Billing Name _____ Title _____
 Billing Address _____ City _____ State _____ Zip _____
 Contact Name _____ Phone _____
 Fax _____ E-mail _____

(Best way to reach me is: Phone Fax E-mail)

ISSUE DATE(S)	SIZE	FORMAT	COLOR	SPECIAL POSITIONS
<input type="checkbox"/> Sept. 200__ <input type="checkbox"/> Oct. 200__	<input type="checkbox"/> Spread <input type="checkbox"/> Page	<input type="checkbox"/> Horizontal	<input type="checkbox"/> 4/c	<input type="checkbox"/> Back Cover
<input type="checkbox"/> Nov. 200__ <input type="checkbox"/> Dec. 200__	<input type="checkbox"/> 2/3 Page <input type="checkbox"/> 1/2 Page	<input type="checkbox"/> Vertical	<input type="checkbox"/> B/W	<input type="checkbox"/> Inside Front Cover
<input type="checkbox"/> Jan. 200__ <input type="checkbox"/> Feb. 200__	<input type="checkbox"/> 1/3 Page <input type="checkbox"/> 1/4 Page	<input type="checkbox"/> Square	<input type="checkbox"/> 2/c PMS	<input type="checkbox"/> Inside Back Cover
<input type="checkbox"/> Mar. 200__ <input type="checkbox"/> Apr. 200__	<input type="checkbox"/> 1/6 Page <input type="checkbox"/> 1/12 Page		<input type="checkbox"/> 2/c ROP*	<input type="checkbox"/> IFC/Page 1 Spread
<input type="checkbox"/> May 200__ <input type="checkbox"/> Jun. 200__	<input type="checkbox"/> Business Reply Card	*For ROP circle second color: Cyan Magenta Yellow		

Ads are eligible for a **hotlink** on the magazine home webpage. Please supply your logo as a 72-dpi resolution gif or jpg image with your ad materials. Your URL LINK information: http://www._____

MATERIALS New Materials to arrive by:

Date: _____ from (Name/Ph) _____
 Pickup materials from (issue) _____
 Repeat same ad for all insertions Yes No
 Headline _____

EARNED FREQUENCY

1 time 2-4 times 5-9 times 10 times

DISCOUNTS

Agency Commission (Agency _____)
 OR
 Nonprofit (Federal I.D. No. _____)

SPECIAL INSTRUCTIONS

 Send two tearsheets and/or issues to: (Name and mailing address): _____

PAYMENT

	Cost (per insertion)
Space + color + special position \$ _____	
Other \$ _____	
Subtotal \$ _____	
Less <input type="checkbox"/> agency or <input type="checkbox"/> nonprofit discount \$ _____	
Other discount \$ _____	
Total net per insertion \$ _____	
Amount enclosed \$ _____	
<input type="checkbox"/> Please invoice	
(Note: First-time advertisers must submit payment with materials.)	
Charge to:	
<input type="checkbox"/> American Express <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	
Acct. # _____	
Exp. Date ____/____/____	
Authorized signature _____	

Responsible Party (Please print) _____ **Company** _____

Mailing Address _____ **City** _____ **State** _____ **Zip** _____

Signature (Responsible Party) _____ **Date** _____

Send this form and materials to: Carol Bucheri, Advertising Director, Phi Delta Kappan, 408 N. Union St., P.O. Box 789, Bloomington, IN 47402-0789 • Phone: 812/339-1156 or 800/766-1156 • Fax: 812/339-0018 • E-mail cbucheri@pdkintl.org.