



# PSYCH DISCOURSE

## THE NEWSJOURNAL OF THE ASSOCIATION OF BLACK PSYCHOLOGISTS

### ADVERTISING INSERTION ORDER FORM

*Psych Discourse* is the official member information publication of The Association of Black Psychologists (ABPsi), and is the primary vehicle for communication to ABPsi members. **Advertisements are due by the 10th of the month preceding of the month of publication.** The *Psych Discourse* is published quarterly in February, June, September and December. On-line ads are posted monthly.

**To Submit a Print Ad:** Send ad text with insertion order to [abpsi@abpsi.org](mailto:abpsi@abpsi.org), and reference *Ad Insertion Order* in the subject line.

### Advertising Rates & Options

(On the following form, please check all appropriate boxes for proper billing and placement)

#### 1.) PRINT LINE ADS:

\$2.00 per word with a minimum \$50 purchase. **Word counts are based on the MS-Word, word count function.**

You may use the form below to submit your text. If using separate file, please submit Line ad as a Word compatible document only. When sent by e-mail, attach the ad. Do not embed the ad in your e-mail text.

#### 2.) PRINT DISPLAY ADS:

**DISPLAY AD SPECS:** *pdf, jpeg, gif, or tif files only.* (Display ads must be in the proper format and size). See below for ad sizes.

#### 3.) ONLINE ADS:

On-line classified ads are available through our Career Center, managed by Job target. Visit [www.careercenter.abpsi.org](http://www.careercenter.abpsi.org).  
**\$250 for 30 day posting.**

#### 4.) BUNDLED ONLINE & PRINT CLASSIFIED ADS:

\$500 for 30 day on-line posting plus one print insertion (up to 200 words). \* *A savings of \$150.00.* Bundled Ad Insertion Orders may be submitted to [abpsi@abpsi.org](mailto:abpsi@abpsi.org)

### For More Information, Contact:

The Association of Black Psychologists  
7119 Allentown Road, Suite 203  
Ft. Washington, MD 20744  
301-449-3082 (Phone)      301-449-3084 (Fax)



**PSYCH DISCOURSE -- THE NEWSJOURNAL OF  
THE ASSOCIATION OF BLACK PSYCHOLOGISTS**  
7119 Allentown Road, Suite 203 Ft. Washington, MD 20744  
301-449-3082 (ph) 301-449-3084 (fax)

**PRINT ADVERTISING INSERTION ORDER**

**Advertising Rates & Options**

(Please check all appropriate boxes for proper billing and placement)

**DISPLAY AD SPECS:** pdf, jpg, gif, or tif files only. (Display ads must be in the proper format and size)

Display Ad Size	Max Dimensions	Ad Rate	**Four-time 20% Discount
FULL PAGE	8" x 10" Max	\$1000	\$800
1/2 PAGE	8" x 4.75" or 3.75" x 10" Max	\$500	\$400
1/4 PAGE	3.75" x 4.75" Max	\$350	\$280
1/8 PAGE	1.75"x4.5" Max	\$250	\$200

Please check the size of the ad you are submitting

**CLASSIFIED AD SPECS:** Please check the issue for which you are submitting the ad(s)

**ONLINE ONLY CLASSIFIED ADS:** Online ads are for 30 days and may be posted at anytime.

Online only ads must be submitted at <http://www.careercenter.abpsi.org>.

Cost is \$250 for 30 day posting.

**CLASSIFIED PRINT ADS:**

Ad Rate \$2.00 Per Word      Four-time 20% Discount \$1.60 per Word

**PRINT ONLY CLASSIFIED ADS:**

Please check the issue(s) for your submission

<input type="checkbox"/> March 2014 Print Ad Only	<input type="checkbox"/> June 2014 Print Ad Only	<input type="checkbox"/> September 2014 Print Ad Only	<input type="checkbox"/> December 2014 Print Ad Only
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**BUNDLED PRINT AND ONLINE CLASSIFIED ADS:**

For print and on-line bundles of classified ads, check below

**BUNDLED PRINT AND ON-LINE CLASSIFIED ADS: \$500 (up to 200 words for print)**

<input type="checkbox"/> March 2014 Online & Print Ad	<input type="checkbox"/> June 2014 Online & Print Ad	<input type="checkbox"/> September 2014 Online & Print Ad	<input type="checkbox"/> December 2014 Online & Print Ad
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**METHOD OF PAYMENT:**

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Enclosed Check	<input type="checkbox"/> Please Invoice
Institution / Company:				
Billing Contact Name/Name on Card:				
Billing Address:				
City, State, Zip:				
Phone:	Fax:	E-mail:		
Credit Card#:	Expiration:	Auth. Code#:		

**AUTHORIZED SIGNATURE:** \_\_\_\_\_

Submit this Form to: [abpsi@abpsi.org](mailto:abpsi@abpsi.org) or Fax 301-449-3084

<b>Office Use Only:</b>	Total Words/Size:	Total Cost:	Date Paid:
Comments:			

