



## Acceptance of Advertising

A written insertion order is required for all advertisements. All advertisements are subject to approval. The University of Chicago Press reserves the right to reject advertising for any reason. The advertiser and/or its advertising agency are entirely responsible for the lawfulness of all ad content and for conformance to government regulations of advertising.

Ads should be submitted by email as print-ready PDF files with embedded fonts and images. Please refer to 2011 Advertising Rate Sheet for available positions and specifications for each journal. Ads must be submitted in black and white unless otherwise indicated in 2011 Advertising Rate Sheet.

Cancellations of reserved ad space are not accepted on or after insertion order deadline.

**Rates & Agency Commission:** Please refer to 2011 Advertising Rate Sheet. All rates noted in the rate sheet are GROSS. A 15% agency discount will be allowed to advertising agencies.

Payment is due 30 days from invoice notice. The University of Chicago Press has the right to hold the advertiser and/or its advertising agency jointly and severally liable for monies due and payable to the publisher.

Please submit a copy of your ad with this form to:

Advertising Coordinator  
j-advertising@press.uchicago.edu  
Phone: 773.702.0224  
Fax: 773.753.3616

## Insertion Order Form

### Advertiser

Company name: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

### Agency

Company name: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

### Insertion Instructions

Publication(s): \_\_\_\_\_

Issue(s): \_\_\_\_\_

Ad Size: \_\_\_\_\_ Position: \_\_\_\_\_

Material to be supplied      **OR**       Repeat previous ad

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

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

### Billing Instructions

Gross Amount : \$ \_\_\_\_\_ Net Amount: \$ \_\_\_\_\_

*Please refer to 2011 Advertising Rate Sheet*

*Less 15% agency discount or other applicable discount (please specify below):*

\_\_\_\_\_

Send invoices to:    Advertiser    Agency   Purchase Order #: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Name (print or type)