



E - N E W S L E T T E R

2019 InTouch ADVERTISING RATES

Email: kjoneson@ista.org

Fax: 517.333.3813

ISTA's InTouch monthly e-newsletter is a reliable source of transport packaging news and information that keeps packaging professionals informed, involved and connected to the industry. Each issue contains technical articles, member and industry news, and regular features such as Inside ISTA Headquarters, Technical Updates, Certified Packaging Laboratory Professional news and Welcome to our New Members. Various advertising sizes are available in each issue to help you deliver your message to ISTA's membership!

RATES, SIZE & TECHNICAL REQUIREMENTS

Advertising must adhere to technical requirements listed below. Advertising submitted that does not meet ISTA technical requirements will be returned.

- InTouch is published the last week of each month.
- Each issue is limited to four ads and is sold on a first come, first serve basis.
- Ad placement is rotated each issue. Premium ad placements are not available for purchase.
- URL to link ad to must be provided at time of submission.
- Static JPG or PNG images are preferred. Optimized file size.
- All digital ads can be saved at a resolution of 72 dpi and must be in RGB format.

Available ad size: 600x90 pixels

	1x/yr	4x/yr	8x/yr	12x/yr
ISTA member discounted per issue rate:	<input type="radio"/> \$1,040	<input type="radio"/> \$525	<input type="radio"/> \$425	<input type="radio"/> \$350
Non-member per issue rate:	<input type="radio"/> \$1,120	<input type="radio"/> \$600	<input type="radio"/> \$500	<input type="radio"/> \$425

AD SUBMISSION TO ISTA

Advertising files must be submitted to ista@ista.org at least 10 business days prior to scheduled run date. ISTA will not guarantee that ad will begin on time if creative is not received 10 days prior to scheduled run date. No credit will be issued due to late submission.

CONTACT INFORMATION:

Company _____

Contact Person _____

Address _____

City _____

State ZIP _____

Phone _____

Fax _____

Email _____

Website _____

PAYMENT OPTIONS:

☐ Payment enclosed. ☐ Please invoice after insertion.

☐ VISA ☐ Mastercard ☐ American Express

Credit Card # _____

Expire _____

Name on card _____

Signature _____

Address of card holder _____

Send invoice to: (if different than above contact person)
