



## Advertising Rates and Placement Form

**January 1, 2019 – June 30, 2019**

### Classified Advertisements

The newsletter and website only accept classified ads at this time. Classified ads are advertisements describing the requirements and responsibilities for one or more positions. Classified ads are produced as text only advertisements with no graphic elements. MALSCENews is an emailed newsletter released on a monthly basis. Issues are also posted on the MALSCENews Website. [Click here](#) to see past issues of MALSCENews. Proprietors' Council Member, MALSCENews Member and Non-Member classified advertising rates are as follows:

Type of Advertisement	Rates		
	Proprietors' Council Member	MALSCENews Member	Non Member
Newsletter	\$50.00	\$150.00	\$200.00
Website for 30 days	\$50.00	\$150.00	\$200.00
Newsletter and Website	\$75.00	\$200.00	\$300.00

### Advertising Placement

- Email your classified advertisements as a Microsoft Word document to [malsce@engineers.org](mailto:malsce@engineers.org). The number of words is determined by using Microsoft's word count feature.
- Indicate the number of classified advertisement words on the Advertising Placement Order Form below.
- Space is reserved on a first-come, first-served basis.
- MALSCENews reserves the right to reject any advertisements it deems inappropriate for this publication. Advertisements are randomly placed in the newsletter. Prices are subject to change.
- Questions? Please contact Rich Keenan at [rkeenan@engineers.org](mailto:rkeenan@engineers.org).

## Advertising Placement Order Form: MALSCENews

### Placement:

Classified Advertisement Word Count: \_\_\_\_\_ Placement Cost: \_\_\_\_\_

### Contact:

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Payment:

**Checks:** Make checks payable to MALSCENews and mail with this form to MALSCENews, The Engineering Center, One Walnut Street, Boston, MA 02108-3616

### Credit Card:

Visa                       MasterCard                       Amex

Card Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Return this form via fax to 617/227-6783 or by email to [malsce@engineers.org](mailto:malsce@engineers.org) .