

Suite 105, 134-136 Cambridge St, Collingwood Vic 3066 | 03 9417 3422 | 03 9419 4713 | www.htav.asn.au | ABN 44 005 739 239

The HTAV Members Calendar is an excellent opportunity for organisations to promote products, services and events to History and Humanities teachers all year round. If you would like to advertise in the calendar, please complete and return this form to Michelle Pitcher, Membership and Events Officer at m.pitcher@htav.asn.au.

YOUR DETAILS

Name Date

Company/Organisation ABN (required)

Billing Address

Suburb Postcode Phone

Email

ADVERTISING OPTIONS

Please select your advertising package:

		Member price	Non-member price
Tier 1	1 x block advertisement 1 x date entry (eg. Revolutions exhibition opens, History competition closes, Book launch) 2 x advertisements in 2020 Member Bulletins	\$1,100	\$1,350
Tier 2	1 x block advertisement 2 x advertisements in 2020 Member Bulletins	\$990	\$1,200
Tier 3	1 x block advertisement	\$770	\$950



Please note: Advertising spaces are allocated on a first-come first-served basis upon receipt of this form. HTAV event dates are unavailable to advertisers.

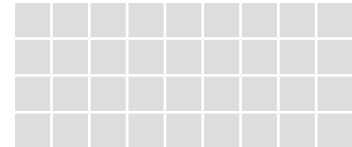
SPECIFICATIONS AND DEADLINES

BLOCK AD

File **PDF or Tiff**
 Resolution **300dpi**
 Colour mode **CMYK**
 Size **125mm wide x 95mm high**
 Deadline **4 November 2019**

DATE ENTRY

Text (not to exceed 36 characters):
 Date
 Deadline **4 November 2019**



MEMBER BULLETIN ADS

Please select Member Bulletin issues:

File **JPEG**
 Colour mode **RGB**
 Size **600px wide x 250px high**

Issue (Release)	MB 1 (27/1)	MB 2 (24/2)	MB 3 (16/3)	MB 4 (13/4)	MB 5 (18/5)	MB 6 (15/6)	MB 7 (13/7)	MB 8 (17/8)	MB 9 (7/9)	MB 10 (5/10)	MB 11 (2/11)	MB 12 (7/12)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deadline	13 Jan	10 Feb	2 Mar	30 Mar	4 May	1 Jun	29 Jun	3 Aug	24 Aug	21 Sep	19 Oct	23 Nov

PAYMENT DETAILS

Total amount payable \$

Method of payment: Invoice company/organisation Purchase order #

Enclosed Cheque/ Money Order (made payable to HTAV)

Credit Card (please circle one) VISA MASTERCARD

Card number Expiry date ____ / ____

Card holder's phone

Name on card Signature

Please note: By submitting this form, you acknowledge and accept the trading terms and conditions as shown on the HTAV website. This form becomes a tax invoice when full payment is made. Please refer to the HTAV website for our advertising policy.