

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 History Teachers' Association of Victoria's Member Bulletin is emailed 12 times per year to over 4,500 members. This is an excellent opportunity for organisations to promote their products, services and events to teachers of History and other Humanities subjects. If you would like to advertise in the HTAV Member Bulletin, please complete and return this form to Michelle Pitcher, Membership and Events Officer at m.pitcher@htav.asn.au.

ADVERTISING DETAILS

Please select the Member Bulletin issues to include your advertisement:

	Deadline	Selection
TERM 1 (29 Jan – 5 Apr)		
Member Bulletin 1 SOLD OUT	–	
Member Bulletin 2 (release week 21/2)	7 Feb	
Member Bulletin 3 (release week 21/3)	7 Mar	
TERM 2 (23 Apr – 28 June)		
Member Bulletin 4 (release week 26/4)	11 Apr	
Member Bulletin 5 (release week 23/5)	9 May	
Member Bulletin 6 (release week 14/6)	30 May	
TERM 3 (15 July – 20 Sept)		
Member Bulletin 7 (release week 11/7)	27 June	
Member Bulletin 8 SOLD OUT	–	
Member Bulletin 9 (release week 5/9)	22 Aug	
TERM 4 (7 Oct – 20 Dec)		
Member Bulletin 10 (release week 3/10)	19 Sept	
Member Bulletin 11 (release week 31/10)	17 Oct	
Member Bulletin 12 (release week 28/11)	14 Nov	

	Member price (20% discount)	Non-member price	Add a 2021 HTAV Organisation Membership
Per advertisement, per issue	\$125 each	\$170 each	+ \$320

FORMAT SPECIFICATIONS

File **JPEG**
 Colour mode **RGB**
 Size **600px wide x 250px high**
 Hyperlinked to website of your choosing

Email copy to m.pitcher@htav.asn.au

Please note: Advertising spaces are allocated on a first-come first-served basis upon receipt of this form. Limited spaces available per issue.

YOUR DETAILS

Name Date

Company/Organisation ABN (required)

Billing Address

Suburb Postcode Phone

Email

PAYMENT DETAILS

Total amount payable \$

Method of payment: Invoice company/organisation Purchase order #

OR 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.