# American Society for Deaf Children

## Endeavor Advertisement Rates and Specifications

<table>
<thead>
<tr>
<th>Advertisement Size:</th>
<th>Per Issue</th>
<th>Three Issues (Full Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Color</td>
<td>Black &amp; White</td>
</tr>
<tr>
<td>Full Page (7.5” h x 5”w)</td>
<td>$550.00</td>
<td>$300.00</td>
</tr>
<tr>
<td>Half Page (3.75”h x 5”w)</td>
<td>$450.00</td>
<td>$175.00</td>
</tr>
<tr>
<td>Quarter Page (3.75”h x 2.475”w)</td>
<td>Not Available</td>
<td>$100.00</td>
</tr>
<tr>
<td>Center Two Pages (7.5”h x 10”w)</td>
<td>$1,800.00</td>
<td>$1,000.00</td>
</tr>
</tbody>
</table>

**Notes:**
- Ad will be the same for all issues, unless a new copy of the same size is submitted in advance.
- Accepted formats include: .jpg, .tif, .eps, and .pdf (resolutions must be at least 300 DPI).
- Additional fee will be charged if we are to design, prepare or create an advertisement for you. Rate will depend on the size and complexity of the advertisement. Design rates are $50.00 per hour with changes and edits starting at $25.00.
- Deadline for submitting advertisements for *The Endeavor* is December 15th (Winter), April 15th (Spring/Summer), and August 15th (Fall).

## Website Advertisement Rates and Specifications

<table>
<thead>
<tr>
<th>Rectangle Ad (300 x 250 IMU)</th>
<th>1 Month</th>
<th>3 Months</th>
<th>6 Months</th>
<th>1 Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$150.00</td>
<td>$500.00</td>
<td>$800.00</td>
<td>$1,200.00</td>
</tr>
</tbody>
</table>

Submit Contract and Payment (Payable to ASDC) To:
American Society for Deaf Children  
#2047, 800 Florida Avenue, NE  
Washington, DC 20002  
317-679-3715  
editor@deafchildren.org  
Submit All Advertising Documents To:
Tami Dominguez, Editor  
#2047, 800 Florida Avenue, NE  
Washington, DC 20002  
317-679-3715  
editor@deafchildren.org  
Business/Organization Name: ___________________________  Contact: ___________________________
Address: _______________________________________________________________________________
City: ___________________________________________ State: ______________ ZipCode: ___________________
Phone/VP: __________________________________________ Email: ____________________________
Make Checks Payable to ASDC  
Payment Enclosed: $____________________________

**An advertising invoice/receipt will be forwarded to you separately.**