



## PSHA - ADVERTISING POLICY

### KEYSTATER NEWSLETTER

The *Keystater* reaches 1,500+ current members quarterly: Spring, Summer, Fall, and Winter.

**Keystater Newsletter Advertising Options Include:**  
*(Please indicate the size ad you wish to purchase)*

**Dimensions**

- |                                                  |          |                        |
|--------------------------------------------------|----------|------------------------|
| <input type="checkbox"/> Full Page               | \$300.00 | 7.75" wide x 10" high  |
| <input type="checkbox"/> Half Page               | \$200.00 | 7.75" wide x 5" high   |
| <input type="checkbox"/> Quarter Page            | \$150.00 | 3.75" wide x 5" high   |
| <input type="checkbox"/> Business card placement | \$ 50.00 | 3.75" wide x 2.5" high |

**Deadlines for Submission**

*(Please indicate the issue(s) in which you would like to advertise)*

- |                                                                |             |
|----------------------------------------------------------------|-------------|
| <input type="checkbox"/> Spring Issue (April 30 publication)   | March 1     |
| <input type="checkbox"/> Summer Issue (July 31 publication)    | June 1      |
| <input type="checkbox"/> Fall Issue (October 30 publication)   | September 1 |
| <input type="checkbox"/> Winter Issue (January 30 publication) | November 25 |

**Ad submission** – Ads may be submitted via email to the PSHA Office ([PSHA@psha.org](mailto:PSHA@psha.org)) in either jpg, gif or pdf format (using 300 dpi).

PSHA reserves the right to alter and publish any ad submitted that does not meet the above requirements. Acceptance of advertising does not imply PSHA's endorsement of the product and services. Although the Association reserves the right to reject advertising copy, it does not accept responsibility for the accuracy of the statements by advertisers.

Company \_\_\_\_\_ Date \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_

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

Method of Payment

Total Amount \$ \_\_\_\_\_  Check Enclosed  Master Card  Visa

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Please send all requests to:

PSHA  
700 McKnight Park Drive, Suite 708  
Pittsburgh, PA 15237

Phone: 412-366-9858  
Fax: 412-366-8804  
Email: [PSHA@psha.org](mailto:PSHA@psha.org)