



**National
Association of
Graduate
Admissions
Professionals**

The Leader in Graduate Enrollment Management

ADVERTISING RATES & POLICIES

GENERAL INFORMATION

The National Association of Graduate Admissions Professionals (NAGAP) is a membership organization with over 1,800 graduate professionals. NAGAP promotes meetings, publications and products that connect, serve and educate our members. In addition, the organization acts as a resource for graduate professionals to network with others in the graduate profession.

EDITORIAL PROFILE

The monthly electronic newsletter of NAGAP publishes articles that interest and impact the profession. NAGAP activities are also highlighted.

READERSHIP

Over 1,800 NAGAP members as well as others who work in graduate profession.

ADVERTISING POLICY

The NAGAP Governing Board reserves the right to approve all advertising.

A complimentary copy of the publication is sent to each advertiser.

A copy of your logo in a .jpg or .gif format may be emailed to info@nagap.org by the 5th of the month in which the sponsorship space is purchased. The completed advertising form and payment should be sent to the attention of the NAGAP Executive Office, P.O. Box 14605, Lenexa, KS 66285-4605. If paying by credit card this form may be faxed with credit card payment information to (913) 895-4652.

FULL ISSUE SPONSORSHIP

This \$1,000 sponsorship includes the company's logo on the cover of the newsletter and a link to the advertiser's website.

NAGAP
Advertising Order Form

If you would like to sponsor and issue of the NAGAP Electronic Newsletter, please fill out the following order form.

Name: _____

Advertising Firm (if applicable): _____

I.O. Number to be referenced (if applicable): _____

Advertised Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____

Type of advertisement to be placed:

Electronic Newsletter issue sponsorship - \$1,000

Preferred advertisement run month(s): _____ Cost: _____

Payment Type:

Check Visa Master Card American Express

Credit Card Number: _____ Exp. Date: _____

Signature on Card: _____

Print Name on Card: _____

Return form to:

Regular Mail
NAGAP
P.O. Box 14605
Lenexa, KS 66285-5384
Ph: (913) 895-4616
E-mail: info@nagap.org

Overnight Mail Only
NAGAP
18000 W. 105th Street
Olathe, KS 66061
Fax: (913) 895-4652
Web Site: www.nagap.org