



Purpose

Promote your play therapy products and services to nearly 6,500 APT members and subscribers. *Play Therapy™* magazine is a quarterly full-color magazine offering important information about clinical and professional best practices, association program news and recognitions, play therapy books and reviews, and professionally-designed full-color display ads.

Schedule

Issue	Order/Copy Due	Target Delivery Date
March	December 31	March 1
June	March 31	June 1
September	June 30	September 1
December	September 30	December 1

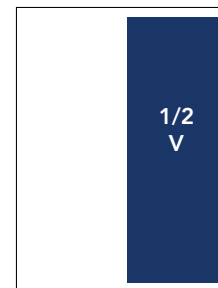
Specifications



8.625" x 11.125"
(1/8" bleed included)



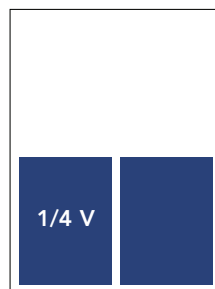
7.375" x 4.8542"



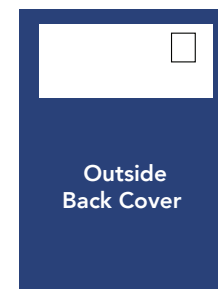
3.6055" x 9.875"



7.375" x 2.3436"



3.6055" x 4.8542"



8.625" x 11.125"
(1/8" bleed included)

LIVE AREA
7.375" x 7.9875"
(2.3875" from the top to clear the indicia box)

Page Trim Size: 8.375" x 10.875" Bleed Ads Only: Keep vital images and text at least .25" from trim.

NOTE: Any ad that does not precisely meet these mechanical specs will be returned for alteration.

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Rates

If not submitting placement-ready, please add Design Fee. Excessive edits will accrue additional fees.

Ad Size	1 issue	2 issues	4 issues	Design Fee
Back Cover **	\$650	\$1170	Call for prices	\$200
Inside Front Cover **	\$600	\$1080	Call for prices	\$200
Inside Back Cover **	\$550	\$990	Call for prices	\$200
Full Page **	\$500	\$900	Call for prices	\$200
1/2 Page (Horizontal or Vertical)	\$375	\$675	\$1200	\$133
1/4 Page (Horizontal or Vertical)	\$250	\$450	\$800	\$100

Discounts apply for consecutive issues only.

** Only two issues per year for each 4-issue contract. Full pages are limited to two available per issue.



Sample full page ad

Acceptable File Format

We accept PDF files created to **PDF/X-1a** or **High Quality Print (CMYK)** settings with all fonts and images embedded. We also accept **full size 300 DPI .JPEG** with compression settings at the highest quality.

Order Form



Submit with payment (USD) to APT by Order/Copy Due deadline indicated under Schedule.

Start Month/Year: _____ / _____

Name: _____ Affiliation: _____ APT Member? Yes No

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____ Website: _____

Payment Type: Check/Money Order Credit Card If Credit Card:  

Account #: _____ Expiration Date: _____ CVV _____ Total Due \$ _____

Signature: _____ * Date: _____

* Signature must be same as name on credit card