

AMT Yearbook Advertising Guide



Association of Massage Therapists Ltd
PO Box 826 Broadway NSW 2007
T: 02 9211 2441 | F: 02 9211 2281
info@amt.org.au
www.amt.org.au

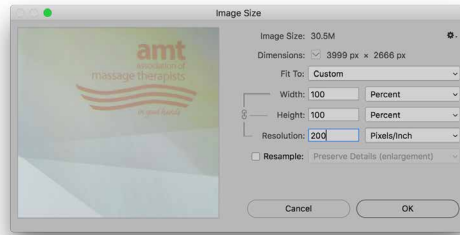
Background

The AMT Yearbook is a full-colour, glossy magazine with a circulation of 3000, including practitioner members of AMT and approximately 100 Registered Training Organisations.

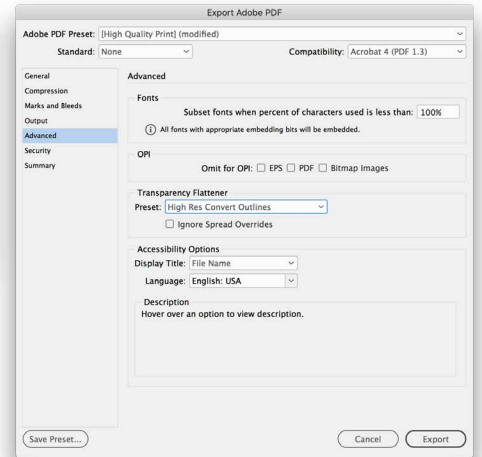
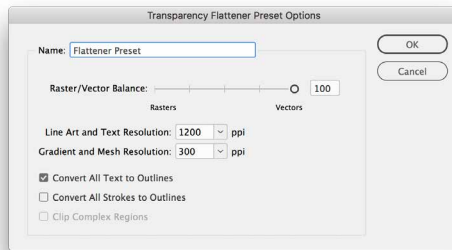
The yearbook is published in mid to late November.

Artwork Specifications

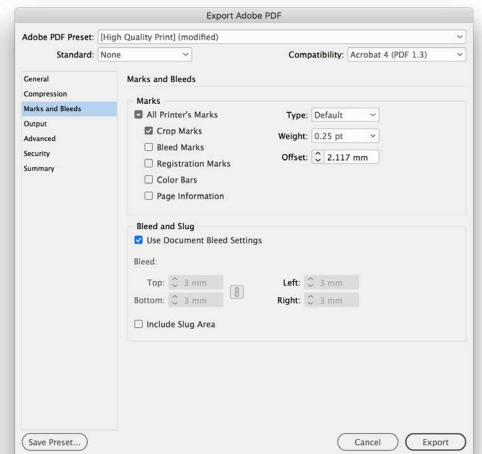
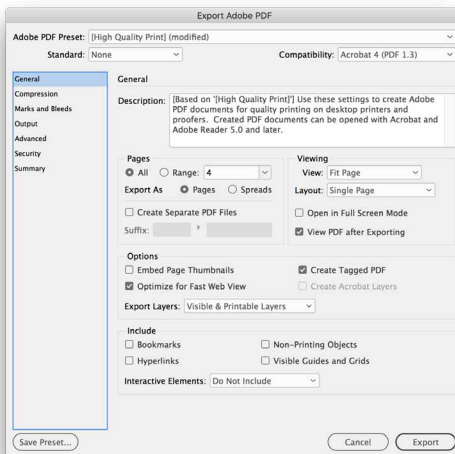
If images are part of your design, please make sure the images are no less than 200dpi in resolution



Before creating your final art PDF, please outline all fonts correctly. If using InDesign, please use the Transparency Flattener Preset <https://indesignsecrets.com/converting-text-to-outlines-the-right-way.php#respond>



Ads should be submitted as a high quality print PDF. Crop marks and bleed to be included.



Artwork Specifications (continued)

We do not accept ads in original format (eg: InDesign, Word files). A \$130 design and typesetting fee applies to ads not submitted in an acceptable format.



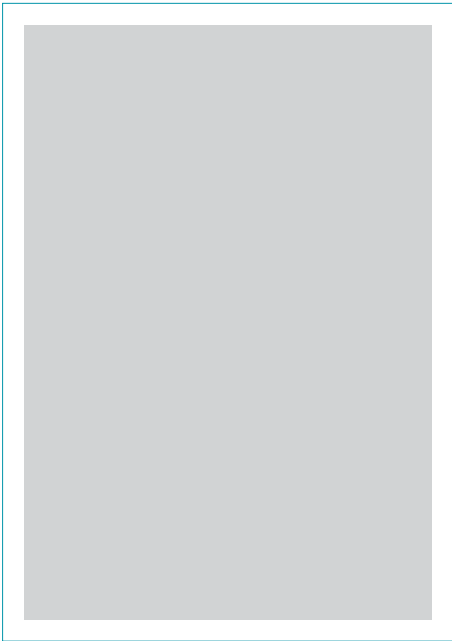
All files must be supplied BEFORE deadline.

Booking and artwork deadline

1 November 2020



Sizing and Pricing – includes GST

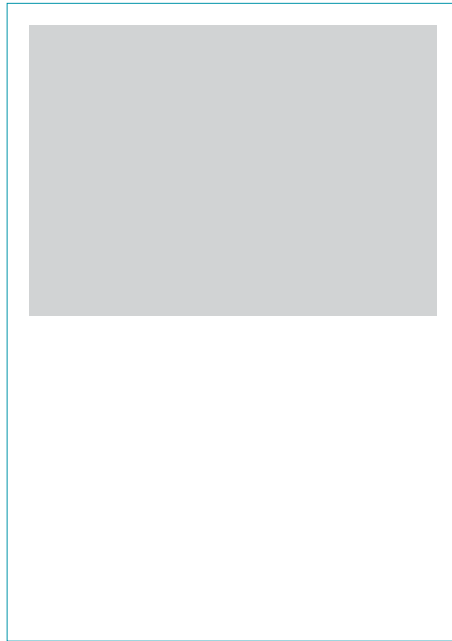


Full page advertisement

Dimensions

277mm high x 190mm wide

 \$750

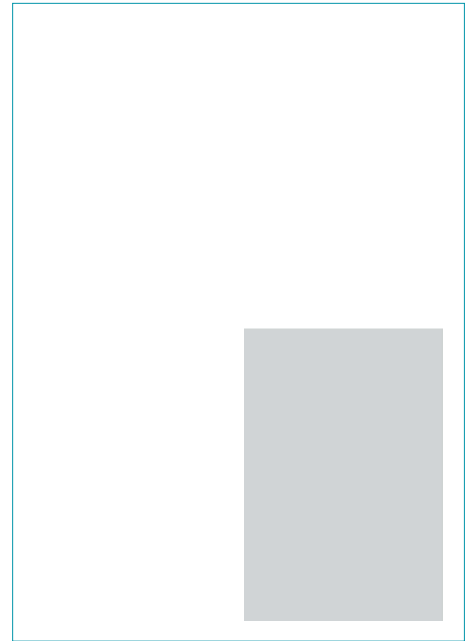


Half page advertisement

Dimensions

135mm high x 190mm wide

 \$500



Quarter page advertisement

Dimensions

135.5mm high x 92mm wide

 \$330

Inquiries and bookings

Rebecca Barnett

rebecca.barnett@amt.org.au

02 9211 2441

Artwork and Specifications

Claudia Iacovella

claudesign13@gmail.com

0417 073 383

Booking Form

Business name:

Contact name:

Address:

Email:

Telephone number:

Ad size:

Cost:

EFT PAYMENT DETAILS

PLEASE USE YOUR NAME UNDER THE TRANSACTION DESCRIPTION SO WE CAN IDENTIFY THE PAYMENT AND SEND THIS FORM BACK TO AMT

Account Name:
Association of Massage Therapists Ltd
BSB: 062-212
Account Number: 1034-0221

Payment information

I have enclosed my cheque or money order (made out to AMT) OR
Please debit my **Visa** **Mastercard** (for banking purposes tick correct one)

Cardholder's name:

Cardholder's signature:

Card number:

Expiry date:

Card verification number:

Please return to: AMT, PO Box 826 Broadway NSW 2007 or email info@amt.org.au

OFFICE USE ONLY Date received _____ Receipt no. issued _____