

Issue Date(s):	Basic Rate (refer to SfN 2018 Media Kit):
Size:	Customer Order #
Cover/Preferred Surcharge*:	
*Applicable if selecting this option. See SfN 2018 Media Kit for rates.	
	Total:
Artwork:	
PDF digital art must be CLEARLY LABELED with the issue date	and should be sent directly to: adsales@sfn.org.
 (1) All ads to run in <i>JNeurosci</i> are subject to review and appro (2) To hold position(s) requested, please sign, date, and e-ma Neuroscience by booking date. 	oval by the Society for Neuroscience. iil (adsales@sfn.org) this insertion order back to the Society for
Signed:	Company Name:
Print Name:	Phone #:
Email address:	Address:
Email to send ad tear sheets to (if different from above):	
	Bill to Address (if different from above) or email:

In signing this agreement, you permit SfN and its vendors to post these advertisements according to your direction.

Final bills will be referenced with your PO#. All checks or wire transfers should be made payable to: SOCIETY FOR NEUROSCIENCE. Net 30 days.

