



712 Main Street, Suite 187B, Boonton, NJ 07005

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Distribution Digest

2014 Online Sponsorship Insertion Order

Sponsorship Summary

Published every other week, *Distribution Digest* delivers information-packed summaries of key articles from the Distribution Group's print newsletter *Distribution Center Management*.

5,000 opt-in subscribers to *Distribution Digest* are actively involved in distribution management, facility management, general management, inventory control, material handling, and operations management. Fully 77 percent work at the level of manager or above.

Sponsorship Requirements

Submit this form via email or fax five business days prior to the send date. All sponsorship text must be received 48 hours before the scheduled send date.

- **Text.** Up to 50 words. Text to include one hyperlink.
- **List of seed email addresses.** These are the addresses that are to receive a test of the mailing prior to sending and also a copy of the live mailing. These names will be added to the list before tests are sent and deleted immediately following the live mailing.
- **Cancellations.** No cancellations are accepted.
- **Payment.** Payment in U.S. funds only. Payment must accompany insertion order.
- **Acceptance.** Distribution Group reserves the right to refuse sponsorship for failure to meet Distribution Group standards.

Company Name _____

Mailing Address _____

Telephone _____ Fax _____

Email _____ Web _____

Please provide the contact information of the person coordinating the logistics for this sponsorship.

Contact Name _____ Telephone _____

E-mail _____ Fax _____



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Insertion dates 2014

January 9		May 15		September 18	
January 23		May 29		October 2	
February 6		June 12		October 16	
February 20		June 26		October 30	
March 6		July 10		November 13	
March 20		July 24		November 27	
April 3		August 7		December 11	
April 17		August 21			
May 1		September 4			

Rates

The cost to act as the sole sponsor for a single issue of *Distribution Digest* is \$350. Or you may choose any three issues for \$950.

Payment

Total amount of sponsorship \$ _____

Credit card

American Express MasterCard Visa

Card Number _____

Expiration Date _____

Check enclosed

Deliver this form to:

Margaret DeWitt
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Fax: (973) 402-6056