

THE MIDWEST CLINIC
An International Band and Orchestra Conference
66th Annual Conference
December 19 - 22, 2012
McCormick Place West – Chicago, Illinois
2012 Program Book Advertising Contract

PLEASE TYPE OR PRINT CLEARLY

Organization Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-Mail: _____

Username: _____ Password: _____

Authorized by (print): _____ Signature: _____

College/University/Military Advertisers: Do you wish to participate in College Night? Yes No

College Night Contact: _____

Contact Phone: _____ Contact Email: _____

PLEASE NOTE: An exhibit booth or an advertising purchase is required for participation in College Night.

Advertisers will receive a ten percent (10%) discount on all ads if **contract** and **full payment** are received by **MARCH 1, 2012**. **Advertising space** must be reserved by **September 21, 2012**. **Advertising copy** must be submitted by **SEPTEMBER 30, 2012**. Payment in full is required prior to submitting artwork. A fee of \$100 will be assessed for any artwork submitted after the September 30th deadline. A fee of \$100 will be assessed for any artwork submitted in a format that does not follow our guidelines and needs to be changed by our graphic designer.

PLEASE CHECK APPROPRIATE SPACE FOR TYPE OF ADVERTISING

EXHIBITOR ADVERTISING RATES

Black and white full page \$ 825.00 _____
 Black and white half page \$ 625.00 _____
 Four color full page \$ 1175.00 _____
 Four color inside front or inside back cover \$ 1600.00 Reserved
 Four color full page back cover \$ 2100.00 Reserved

NON-EXHIBITOR ADVERTISING RATES

Black and white full page \$ 925.00 _____
 Black and white half page \$ 725.00 _____
 Four color full page \$ 1325.00 _____
 Four color inside front or inside back cover \$ 2000.00 Reserved
 Four color full page back cover \$ 2400.00 Reserved

Please check method of payment: Credit Card or Check

Amount enclosed: \$ _____

Return this contract with check or credit card information to:

The Midwest Clinic
 1111 E. Touhy Ave., Ste. 250
 Des Plaines, IL 60018 USA
 Phone: (847) 424-4163
 FAX: (773) 321-1509
 info@midwestclinic.org

Credit Card Type: Visa MasterCard American Express

Billing Address: _____

Credit Card Number: _____

Name on Card: _____

Expiration Date (mm/yy) _____

Security Code _____

(Please do not write below this line.)

Contract Received: _____ Amount Due: \$ _____ Amount Received: \$ _____

Advertising Space Requested: _____

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ADVERTISING INSTRUCTIONS

SIZES

- **Full page bleed:** 8 3/4" x 11 1/4" (trim size 8 1/2" x 11")
- **Full page:** 7" wide x 10" high
- **Half page:** 7" wide x 4 7/8" high

ARTWORK REQUIREMENTS

All artwork must be provided electronically, in one of the following ways.

- CD, which must include all fonts and images.
- File can be uploaded

Username: _____ **Password:** _____

The file name should be the *name of advertiser and submission date* (e.g. yourorganizationMMDD.eps). If you are uploading more than one ad, the file name should include a dash and the number of the ad, in succession (e.g. yourorganizationMMDD-2.eps). When uploading artwork, it is **not** necessary to send the same file on CD, or to e-mail it to our offices. Additional instructions can be found on the upload page. Payment in full is required before uploading the ad.

SPECIFICATIONS

- Acceptable file formats: Quark Xpress, Illustrator, or high resolution (300 dpi) PDF.
- Include all layout files, printer and screen fonts, scans, graphics, and illustrations.
- Artwork/Photos must be 300 dpi.
- Color photographs, graphics, scans, and illustrations must be set to CMYK. (A guide to converting images from RGB to CMYK can be found here: www.printernational.org/converting-to-cmyk.php .)
- If the color will bleed, please include crop marks.
- Web images, .gif files, and Word documents are not accepted.