THE MIDWEST CLINIC International Band and Orchestra Conference 71st Annual Conference December 20-23, 2017 McCormick Place West – Chicago, Illinois

2017 Program Book Advertising Contract

PLEASE TYPE OR PRINT CLEARLY

Organization Name:				
Street Address:				
City: State	:Zip Code:	Website:		
Phone:	Fax:	E-Mail:		
Authorized by (print):	Signature:			
Individual Responsible for Artwork Name: E-Mail:				
PLEASE NOTE: A	n exhibit booth or an advertising purchase	e is required for participation in College Night.		
College/University/Military Advertisers:	Do you wish to participate in College Night?	? 🗆 Yes 🔲 No		
College Night Contact:				

Advertisers will receive a ten percent (10%) discount on all ads if **contract** and **full payment** are received by **June 1, 2017.** Advertising space must be reserved by **October 9, 2017.** Advertising copy must be submitted by **October 16, 2017.** Payment in full is required prior to submitting artwork. A fee of \$100 will be assessed for any artwork submitted after **October 31, 2017.** 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. A fee of \$100 will be assessed if more than one version of the artwork is submitted.

PLEASE CHECK APPROPRIATE SPACE FOR TYPE OF ADVERTISING

EXHIBITOR ADVERTISING RATES		NON-EXHIBITOR ADVERTISING RATES		
Black and white full page	\$ 850.00	Black and white full page	\$ 950.00	
Black and white half page	\$ 650.00	Black and white half page	\$ 750.00	
Four color full page	\$ 1200.00	Four color full page	\$ 1350.00	
Four color inside front or inside back cover	\$ 1625.00 <u>Reserved</u>	Four color inside front or inside back cover	\$ 2025.00 <u>Reserved</u>	
Four color full page back cover	\$ 2125.00 <u>Reserved</u>	Four color full page back cover	\$ 2425.00 <u>Reserved</u>	

Please check method of payment: \Box Credit Card or \Box Check	Credit Card Type:	U Visa	□ MasterCard	American Express				
Payment Amount: \$	Billing Address:							
For those paying by credit card, a receipt will be sent once the contract has been processed.								
r those paying by check, an invoice will be sent with e amount due and mailing address for payment.								
Please submit this contract electronically	Name on Card:							
via the website: <u>www.midwestclinic.org</u> .	Expiration Date (n	nm/yy)	Security	Code				
(Please do not write below this line.)								
Contract Received: Amount Due:	\$		Amount Received: \$ _					
Advertising Space Requested:								

THE MIDWEST CLINIC

International Band & Orchestra Conference

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

If you submitted the contract online, please upload the artwork to <u>www.midwestclinic.org</u>, using the login information created when you filled out the contract. Otherwise, the artwork can be submitted to info@midwestclinic.org.

Payment in full is required before uploading the ad.

SPECIFICATIONS

- Preferred file format: high resolution (300 dpi) PDF.
- Acceptable file formats: Quark Xpress and Illustrator
- 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 bleed marks and make sure ad is 8.75"x11.25"
- Web images, .gif files, and Word documents are not accepted.