

THE MIDWEST CLINIC
International Band and Orchestra Conference
72nd Annual Conference
December 19-22, 2018
McCormick Place West – Chicago, Illinois
2018 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: An exhibit booth or an advertising purchase is required for participation in College Night.

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

College Night Contact: _____

Contact Phone: _____ Contact Email: _____

Advertisers will receive a ten percent (10%) discount on all ads if **contract** and **full payment** are received by **June 1, 2018**. **Advertising space** must be reserved by **October 15, 2018**. **Advertising copy** must be submitted by **November 1, 2018**. Payment in full is required prior to submitting artwork. A fee of \$100 will be assessed for any artwork submitted after **November 1, 2018**. 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

Black and white full page \$ 855.00 _____
 Black and white half page \$ 655.00 _____
 Four color full page \$ 1205.00 _____
 Four color inside front or inside back cover \$ 1630.00 Reserved
 Four color full page back cover \$ 2130.00 Reserved

NON-EXHIBITOR ADVERTISING RATES

Black and white full page \$ 955.00 _____
 Black and white half page \$ 755.00 _____
 Four color full page \$ 1355.00 _____
 Four color inside front or inside back cover \$ 2030.00 Reserved
 Four color full page back cover \$ 2430.00 Reserved

Please check method of payment: Credit Card or Check

Payment Amount: \$ _____

For those paying by credit card, a receipt will be sent once the contract has been processed.

For those paying by check, an invoice will be sent with the amount due and mailing address for payment.

Please submit this contract electronically via the website: www.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

If you submitted the contract online, please upload the artwork to www.midwestclinic.org, 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.