



# CONCERT PROGRAM ADVERTISEMENT RATES

## CONTACT INFORMATION

Company Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## AD SPECIFICATIONS

### BLACK & WHITE:

_____ Inside Front Cover.....	\$100.00
_____ Inside Back Cover.....	\$100.00
_____ Outside Back Cover.....	\$100.00
_____ Full Page.....	\$50.00
_____ 1/2 Page Horizontal.....	\$35.00
_____ 1/2 Page Vertical.....	\$35.00
_____ 1/4 Page.....	\$25.00
_____ 1/8 Page.....	\$20.00

### DIMENSIONS (LIVE AREA):

Full Page/Cover.....	5" width x 8" height
1/2 Page Horizontal.....	5" width x 4" height
1/2 Page Vertical.....	2 1/2" width x 8" height
1/4 Page.....	2 1/2" width x 4" height
1/8 Page.....	2 1/2" width x 2" height

**TOTAL DUE:** \_\_\_\_\_

## AD SUBMISSIONS

*Send ads camera ready to [ads@bnyouthsymphony.org](mailto:ads@bnyouthsymphony.org). Ads should be scanned or created at 300 dpi and submitted as a PDF file with all fonts and graphics correctly embedded. All ads will be non-bleed. Please include a hard copy of the ad with the submission of this form. BNYS reserves the right to refuse any ad without assigning reason.*

Make checks payable to BNYS and return this form and payment to:

**Bloomington Normal  
 Youth Symphony  
 P.O. Box 382  
 Normal, IL 61761**

**Method of Payment:**  
 (Sorry, no P.O.'s accepted.)

Check (payable to BNYS)     Visa     MasterCard

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Signature \_\_\_\_\_    Credit Card Expiration Date:    Mo      Yr.

Name of Cardholder: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_