2016-2017 Concert Season Programs Advertising Rates & Contract



| Ad | Dimensions | Single Concert Series | Full Season | | | |
|---|---|--|---|--|--|--|
| | (width x height) | (fall, winter <u>or</u> spring series) | (fall, winter <u>and</u> spring series) | | | |
| Full Page (inside back cover or inside front cover | 4.5" X 7.5" | N/A | □ \$600 | | | |
| Full Page (internal page) | 4.5" X 7.5" | □ \$275 | □ \$525 | | | |
| Half-Page (horizontal only) | 4.5" X 3.625" | □\$185 | □ \$325 | | | |
| Business Card Information (vertical) | 2.125" X 3.625" | □ \$115 | □ \$200 | | | |
| Business Card Information (horizontal) | 4.5" X 1.6875" | □ \$115 | □ \$200 | | | |
| Rates: | The rates listed above are fo | r <i>camera-ready</i> ads only. | | | | |
| Technical Specifications: | No bleeds, black & white only, 85-100 line screen. | | | | | |
| File Format: | PDF, JPEG or TIFF (300 dpi, grayscale). | | | | | |
| Schedule: | Full season ads run in all three Concert Series programs; 2800-3000 programs per season | | | | | |
| Payment Methods: | Check (payable to the Youth Symphony of Southern Oregon), by | | | | | |
| | MasterCard or Visa, or by Invoice. | | | | | |

which Concert Series: \Box Fall <u>or</u> \Box Winter <u>or</u> \Box Spring

Please provide the following information and sign the contract. Please mail it to the Youth Symphony of Southern Oregon, P.O. Box 4291, Medford, OR 97501. The signed contract and payment must be received by the YSSO no later than <u>July 15, 2016</u>. The ad must be provided to the YSSO as a digital file and sent via e-mail to the YSSO (info@ysso.org) on or before <u>July 15, 2016</u>. Any ad that is not camera-ready is subject to additional charges/fees. Previous advertisers may place an ad that appeared in the previous concert season's programs; however, if the ad requires modification or revision, additional fees will apply based on the time required to make design/text changes. Please proof the ad before sending it to the YSSO organization. It will be printed as provided.

| Business/Office/Organization Name Mailing Address () Telephone | | | Contact Name(s) | | |
|--|---|--|-----------------|----------|--|
| | | | City/State/Zip | | |
| | | | E-Mail Address | | |
| Signature | | | Date | | |
| Payment Method: | Please mail an invoice to Please charge \$ Card # | e Youth Symphony of Southern Oregon for \$ is enclosed. e to the business, address and contact person listed above. to my □ Visa <u>or</u> □ MasterCard Exp. Date | | | |
| P.O. Box 4291 | Medford, OR 97501 | 541-858-8859 | info@ysso.org | ysso.org | |