



Kishwaukee
SYMPHONY ORCHESTRA

Program Advertising Order Form 2018-2019

AD SIZE

Full Page Cover	(4.5"x7.5")	\$350 (\$70 per program)
Full page	(4.5" x 7.5")	\$250 (\$50 per program)
Half page	(4.5" x 3.75")	\$150 (\$30 per program)
Quarter page	(4.5" x 1.75")	\$100 (\$20 per program)
Text Box *	(4.5" x 1.25")	\$60 (\$12per program)

Ads must be camera ready and are printed as submitted. Ads should be created at **600 dpi** for best printing quality. Lower resolution ads will look unclear, and the KSO can not adjust the resolution. The KSO cannot create ads or modify designs. Simple changes, if possible, may be made for a \$20 editing fee. This fee does not apply when submitting a new or fresh ad to be scanned or to add border. Please mail the original artwork on a disk or as printed copy to be scanned, or send it via e-mail to contact@kishorchestra.org. **Acceptable e-mailed file types are EPS, JPG, and PDF;** we can not convert Microsoft Word documents or TIFF files. Color ads are accepted, but will be converted to black and white. Please contact Amanda Nelson, KSO General Manager, at 815-756-3728 or via e-mail at contact@kishorchestra.org, with any questions regarding ads. **ALL ADS/ARTWORK MUST BE RECEIVED BY AUGUST 17, 2018**

***The text box wording can contain up to 30 characters.**

ADVERTISER NAME _____

CONTACT PERSON _____ PHONE _____

CONTACT ADDRESS _____

E-MAIL _____

SAME AD COPY AS IN 2017-2018 NEW AD COPY EMAILED TO CONTACT@KISHORCHESTRA.ORG

AD SIZE

FULL PAGE HALF PAGE QUARTER PAGE TEXT BOX

Text Box Wording: _____

Please consider making a tax-deductible donation in any amount to support the KSO.
All donations are acknowledged in the concert programs. Advertisers who donate \$1000
or more will be recognized in media publicity and programs as co-sponsor of the KSO.

AMOUNT: _____

DONATION AMOUNT: _____

TOTAL AMOUNT ENCLOSED: _____

CHECK ENCLOSED - PAYABLE TO: Kishwaukee Symphony Orchestra
(Your cancelled check is your receipt)

PLEASE CHARGE MY VISA or MASTERCARD

VISA MASTERCARD # _____ CVW _____ EXP _____

SIGNATURE HERE (I authorize the total amount above)

PRINT AND MAIL THIS FORM, WITH PAYMENT TO: KISHWAUKEE SYMPHONY ORCHESTRA, PO BOX 310, DEKALB, IL 60115

THANK YOU FOR YOUR ORDER!