



# PROGRAM BOOK ADVERTISING CONTRACT

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### ADVERTISER INFORMATION:

Business/Family Name: \_\_\_\_\_  
 Contact: (First Name) \_\_\_\_\_ (Last Name) \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Signature:

### AD SIZES AND PRICING:

Block Size	Live Area	Price	
<input type="checkbox"/> 1/10 page	3 <sup>3</sup> / <sub>4</sub> "W x 2"H (business card size)	\$ 50.00	_____
<input type="checkbox"/> 2/10 page square	3 <sup>3</sup> / <sub>4</sub> "W x 4"H	100.00	_____
<input type="checkbox"/> 2/10 page horizontal	7 <sup>1</sup> / <sub>2</sub> "W x 2"H	100.00	_____
<input type="checkbox"/> 4/10 page vertical	3 <sup>3</sup> / <sub>4</sub> "W x 8"H	200.00	_____
<input type="checkbox"/> 4/10 page horizontal	7 <sup>1</sup> / <sub>2</sub> "W x 4"H	200.00	_____
<input type="checkbox"/> 6/10 page horizontal	7 <sup>1</sup> / <sub>2</sub> "W x 6"H	300.00	_____
<input type="checkbox"/> Full page	7 <sup>1</sup> / <sub>2</sub> "W x 10"H	400.00	_____
<input type="checkbox"/> Design fee (add only if design or typographical changes are required) +20%			_____

Please make check payable to "BHSS Sounds of South" **TOTAL** \$

Check # \_\_\_\_\_  Cash

Note: If mailing contract and payment, address to Sounds of South, c/o your SOS student representative (name and address below). Do NOT mail directly to Bloomington H.S. South.

### ARTWORK:

- Camera- or scanner-ready art
- Same as last year's ad, no changes
- Changes or design work required  
*Note: Please add 20% design fee.*
- Electronic artwork

By e-mail  
*Note: E-mail to [ads@soundsofsouth.org](mailto:ads@soundsofsouth.org)  
 Please indicate in your message the business name,  
 phone number, and your SOS rep's name.*

**ELECTRONIC ARTWORK** must be in one of these formats:  
 • Adobe Acrobat PDF (imbed fonts)  
 • Adobe Illustrator 9.0 or later EPS (convert fonts to outlines)  
 • Photoshop TIFF, JPG, or EPS (resolution 300 dpi min)  
**IMPORTANT:** We cannot accept Microsoft Word or Publisher files.  
 If you have questions, please call (812) 824-8182.

On CD  
*Note: CD should accompany this contract.*

### SOS STUDENT REPRESENTATIVE:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

**For Internal Use**  
 Data entered   
 Advisor Grp. \_\_\_\_\_  
 Verified \_\_\_\_\_  
 Deposit # \_\_\_\_\_