



PROGRAM BOOK ADVERTISING CONTRACT

Date: ____ / ____ / ____

ADVERTISER INFORMATION:

Business Name: INDIANA UNIVERSITY Department: _____
 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 ³ / ₄ "W x 2"H (business card size)	\$ 50.00	_____
<input type="checkbox"/> 2/10 page square	3 ³ / ₄ "W x 4"H	100.00	_____
<input type="checkbox"/> 2/10 page horizontal	7 ¹ / ₂ "W x 2"H	100.00	_____
<input type="checkbox"/> 4/10 page vertical	3 ³ / ₄ "W x 8"H	200.00	_____
<input type="checkbox"/> 4/10 page horizontal	7 ¹ / ₂ "W x 4"H	200.00	_____
<input type="checkbox"/> 6/10 page horizontal	7 ¹ / ₂ "W x 6"H	300.00	_____
<input type="checkbox"/> Full page	7 ¹ / ₂ "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** \$

PAYMENT:

Will mail payment on ____ / ____ / ____ (approx). P.O. Number: _____

Note: Check should be payable to "BHSS Sounds of South" and mailed to Bloomington High School South, Attention: Sounds of South/Gwen Upchurch, 1965 S. Walnut Street, Bloomington, IN 47401.

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
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 # _____