

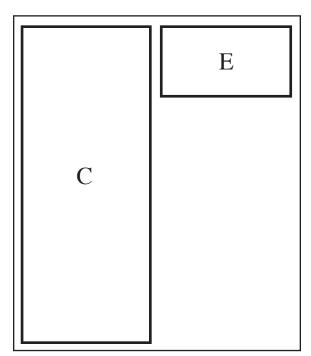
## Program Advertisement Order Form

	Your ad image must	fit within the s	size you choose.	(Check size o	f ad)	
	Full Page – Half Page Vertical– Half Page Horizontal Quarter Page Eighth Page –	(3½ x 9¾) (7½ x 4¾) (3½ x 4¾)	\$350 \$175 \$175 \$100 \$ 55	0	Repeat from last year  Note changes  New Ad - New Adverti  New Ad - Former Adve	
Con	tribution received: Ar				Cash	☐ Check
Orga	nnization Name					
Add	ress			Ph	none	
City			State	Zip		
Con	circle one tact: Mr Ms Mrs Dr	First Naı	me	Las	t Name	
Title	/Function					
Cho	rale member's name _				Date	
• • •	Re	CEIPT FOR C	ONTRIBUTION	to Syracus	se Chorale	• • • • • • •
Cont	ribution received fr	om:				
<b>\</b> mo	unt:		Date:	:		
<sup>7</sup> hor	ale Member					

## Program Ads Rates and Specifications 2017 — 2018

	В
D	

AD	Size	Season Rate
A	Full Page 7 ½ in. wide x 9 ¾ in. high	\$350
В	1/2 Page Horizontal	\$175
С	7 ½ in. wide x 4 ¾ in. high 1/2 Page Vertical	\$175
D	3 ½ in. wide x 9 ¾ in. high 1/4 Page	\$100
E	3 ½ in. wide x 4 ¾ in. high 1/8 Page Horizontal	\$ 55
	3 ½ in. wide x 2 1/8 in. high Business Card Size	
	Business Card Size	



### TERMS:

- Payment is due when the advertisement is submitted.
- Please make checks payable to Syracuse Chorale, Inc.
- Payment should be submitted to the Chorale representative from whom you purchased the advertisement.

### SPECIFICATIONS:

- The finished size of the concert program is  $8 \frac{1}{2} \times 11$  in.
- Electronic files are preferred if available, and may be in high-res jpeg, Adobe .pdf, Photoshop, Illustrator or InDesign format.
- Electronic files may be submitted on thumbdrive, or via e-mail to ads@syracusechorale.org.
- Print–ready hard copy may be submitted with the ad form

#### DEADLINE:

Payment and materials are due no later than Oct. 31.



# Program Sponsor / Contribution Name Recognition Order Form

	Concert Sponsor	\$1000+						
	Whole Note	\$250-\$999						
	Half Note	\$100-\$249						
	Quarter Note	\$25-\$99						
Con	ntribution received: A	mount	_ Date		☐ Cash	☐ Check		
>> Please make checks payable to: Syracuse Chorale, Inc. <<								
Nan	ne to Appear in the Pro	ogram:						
Add	ress			Phone				
City			State	Zip				
Con	circle one tact: Mr Ms Mrs Dr	First Name	>	_ Last Name _				
Title	e/Function							
Chorale member's name				Date				
••••	-	• • • • • • • •		• • • • • • • •	• • • • • •	• • • • • • • •		
RECEIPT FOR CONTRIBUTION TO SYRACUSE CHORALE								
Cont	ribution received f	rom:						
Amo	ount:		Date:					
Choi	rale Member							