



CHICAGO YOUTH SYMPHONY ORCHESTRAS

Advertising Contract

OUR AUDIENCES are well educated, diverse, and committed to the arts and education. Your advertisement will be read before, during, and after each of our season performances **reaching over 10,000 people**. In fact, our patrons are known for **collecting and saving our program books**. Not to mention the **over 350 students who play for the CYSO**. By placing your advertisement with us you are taking advantage of a unique opportunity.

Advertiser: _____

Contact Name: _____

Address: _____

City, State, Zip: _____

Phone/Fax: _____ E-Mail: _____

Each price below includes ad placement in 11 concert programs

Full Page: Back Cover (full color)	\$1,100.00
5"W x 8" H	
Full Page: Inside Front Cover	\$980.00
5"W x 8" H	
Full Page: Inside Back Cover	\$980.00
5"W x 8" H	
Full Page: Opposite Inside Front Cover	\$950.00
5"W x 8" H	
Full Page: Opposite Program Page	\$950.00
5"W x 8" H	
Full Page: Special Profile (opposite program notes/artists/etc.)	\$925.00
5"W x 8" H	
Full Page	\$850.00
5"W x 8" H	
Half Page Horizontal	\$550.00
5"W x 3.875" H	
Half Page Vertical	\$550.00
2.375" W x 8" H	
Quarter Page Horizontal	\$350.00
5" W x 1.875" H	
Quarter Page Vertical	\$350.00
2.375" W x 3.875" H	

If you are interested in exciting cross marketing opportunities through sponsorships in addition to your advertising or have any questions please contact Samantha Snodgrass for more information by phone (312) 939-2207 ext 31 or email ssnodgrass@cyso.org

I/we have read and understand that upon submission of this contract I agree to advertise with the Chicago Youth Symphony Orchestras and to pay the below specified amount.

Signature: _____ Date: _____

Deadlines and Submission of Artwork

Email your Ad to: ssnodgrass@cyso.org

Contract Deadline: July 27, 2007

Payment Deadline: July 27, 2007

Ad Deadline: August 24, 2007

Formats

PDF

Adobe Photoshop

Adobe Illustrator*

Adobe InDesign*

QuarkXpress*

Method of payment: ___ VISA ___ MASTERCARD ___ AMEX ___ CHECK # ___

Account #: _____ Exp. Date: _____ Zip: _____

Name: _____

Signature: _____

*All orders must include payment. Questions? Please call Samantha Snodgrass @
312.939.2207 ext. 31*

ORDERS MAY BE FAXED OR MAILED

Fax: 312.939.2015, Attn: Samantha Snodgrass

Mail to: CYSO•410 S. Michigan Ave, Suite 833•Chicago, IL 60605

