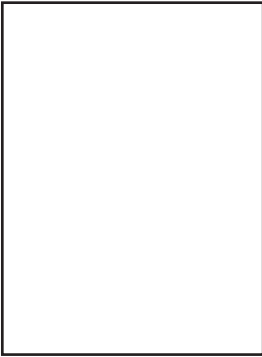
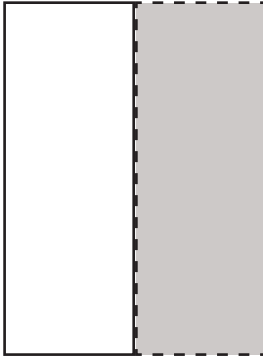
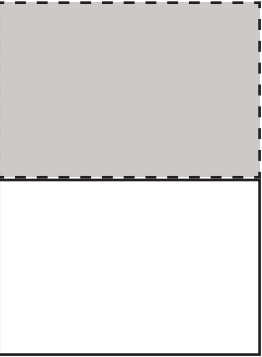
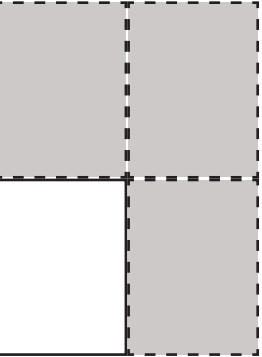
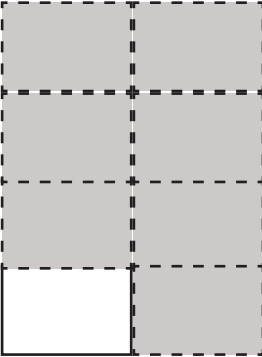




# Program Ad Specs

<b>\$1,850/ad</b>	<b>\$950/ad</b>	<b>\$950/ad</b>	<b>\$485/ad</b>	<b>\$250/ad</b>
				
<b>Full Page</b> (bleed) 8.625"w x 10.75"h includes 0.25" bleed	<b>Half Page Vertical</b> 3.75"w x 9.75"h	<b>Half Page Horizontal</b> 7.75"w x 4.75"h	<b>1/4 Page</b> 3.75"w x 4.75"h	<b>Biz Card</b> 3.5"w x 2"h
(non-bleed) 8.125"w x 10.25"h				

## ACCEPTABLE AD SUBMISSION FORMATS

PDF files (press optimized). Bleed ads should include a 0.25" bleed on all sides.

Image files (JPG, PNG) are also acceptable. Resolution of 300 DPI is ideal (larger is discouraged). Smaller than 200 DPI is not acceptable. We cannot accept ads in Microsoft Word (.doc/.docx), Microsoft Publisher (.pub), or PowerPoint (.ppt/.pptx) formats.

For Biz Cards: Please provide actual business card for replication.

Email your ads to: [mochsner@gsofsi.org](mailto:mochsner@gsofsi.org). Ads may also be given on CD/DVD or stick drives to be provided to GSofSI Fund Development Department.

Questions can be sent to Michelle Ochsner, Special Event & Philanthropy Coordinator, at (618) 692-0692, ext. 1122, or [mochsner@gsofsi.org](mailto:mochsner@gsofsi.org).

**ALL AD ORDERS AND ARTWORK MUST BE RECEIVED BY JULY 1, 2019 TO BE INCLUDED!**





UNITED WE LEAD

*Gala*

# Program Advertising Order Form

## Contact Information

---

ADVERTISER: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

APPROVAL SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## Ad Information

---

### AD SIZE:

- FULL PAGE
- HALF-PAGE (VERTICAL)
- HALF-PAGE (HORIZONTAL)
- 1/4 PAGE
- BIZ CARD

### ARTWORK:

- ARTWORK ENCLOSED
- ARTWORK WILL BE SENT BY \_\_\_\_\_ (date)
- PDF-OPTIMIZED FILE, 300 DPI?

## Payment Information

---

PAYMENT OPTIONS (CHECK ONE):

CHECK ENCLOSED    BILL MY:     VISA     MASTERCARD     OTHER

CREDIT CARD #: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ BILLING ZIP CODE: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TOTAL DUE: \_\_\_\_\_

## Sales Information

---

AD SOLD BY: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

