



# Kishwaukee

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## S Y M P H O N Y O R C H E S T R A

Kishwaukee Symphony Orchestra  
P.O. Box 310  
DeKalb, IL 60115

### Program Advertising Order Form 2010-2011

**AD SIZE**

Full page	(7.5" x 4.5")	\$200 (\$50 per program)
Half page	(3.5" x 4.5")	\$120 (\$30 per program)
Quarter page	(1.75" x 4.5")	\$70 (\$17.50 per program)

**Ads must be camera ready and are printed as submitted.** Ads should be created at **600 dpi** for best printing quality. Lower resolution ads will look unclear, and the KSO can not adjust the resolution. The KSO cannot create ads or modify designs. Simple changes, if possible, may be made for a \$20 editing fee. This fee does not apply when submitting a new or fresh ad to be scanned or to add border. Please mail the original artwork on a disk or as printed copy to be scanned, or send it via e-mail to [contact@kishorchestra.org](mailto:contact@kishorchestra.org). **Acceptable e-mailed file types are EPS, JPG, and PDF;** we can not convert Microsoft Word documents or TIFF files. Color ads are accepted, but will be converted to black and white. Please contact Amanda Nelson, KSO General Manager, at 815-756-3728 or via e-mail at [contact@kishorchestra.org](mailto:contact@kishorchestra.org), with any questions regarding ads. **ALL ADS/ARTWORK MUST BE RECEIVED JULY 16, 2010.**

ADVERTISER NAME \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

CONTACT ADDRESS \_\_\_\_\_

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

- SAME AD COPY AS IN 2009-2010    
  NEW AD COPY ENCLOSED    
  NEW AD COPY EMAILED

**AD SIZE**

- FULL PAGE    
  HALF PAGE    
  QUARTER PAGE

AMOUNT: \_\_\_\_\_

Please consider making a tax-deductible donation in any amount to support the KSO. All donations are acknowledged in the concert programs. Advertisers who donate \$1000 or more will be recognized in media publicity and programs as co-sponsor of the KSO.

DONATION AMOUNT: \_\_\_\_\_

TOTAL AMOUNT ENCLOSED: \_\_\_\_\_

CHECK ENCLOSED - PAYABLE TO: Kishwaukee Symphony Orchestra (Your cancelled check is your receipt)

PLEASE CHARGE MY VISA or MASTERCARD

VISA    
  MASTERCARD # \_\_\_\_\_ EXP \_\_\_\_\_

SIGNATURE HERE (I authorize the total amount above)

**PRINT AND MAIL THIS FORM, WITH PAYMENT TO:**  
**KISHWAUKEE SYMPHONY ORCHESTRA**  
**PO BOX 310, DEKALB, IL 60115**

**THANK YOU FOR YOUR ORDER!**