MINNESOTA TURF AND GROUNDS FOUNDATION

CLIPPINGS

MTGF
minnesota turf and grounds foundation

MTGF CLIPPINGS ADVERTISING CONTRACT

2008 AD RATES

Page Unit	Electronic File	Camera Ready
Full-page	$640.00	$720.00
Half-page	$380.00	$460.00
Quarter-page	$180.00	$250.00
Sixth-page	$135.00	$190.00

MECHANICAL REQUIREMENTS

Page Unit (check one)	Inches Wide	Inches Deep
q Full page (non-bleed)	7	10
q Half page horizontal	7	4-7/8
q Half page vertical	3-3/8	10
q Half page island	4-5/8	7-1/2
q One-quarter page	3-3/8	4-7/8
q One-sixth page	2-1/8	4-7/8

SPECIFICATIONS

Circulation size	3,000 copies
Number of pages	8 to 20
Printed in (minimum of) two colors	
Publication size	8-1/2" x 11"
Full-page ad size	7-1/2" x 10"
Mechanical	Printed offset

Charge for Second Color
A second color may be used in your advertisement. If green (the standard MTGF color on the cover) is used, the additional charge is $65. If another color is requested, the additional charge is $85. If a special PMS color is required, the additional charge is $115.

Design Services
Any requested design modifications to the advertisement will be billed to the customer at $70.00 per hour.

Electronic Files
Electronic files may include QuarkXpress, Adobe Illustrator, InDesign Adobe Photoshop, or PDF format. Please include all fonts and linked graphics.

Billing
Advertisers will be billed within 10 days following the completed production of each *Clippings* newsletter. Payments will be due 30 days from the billing date

Deadlines
Order forms and art files must be received by MTGF by the ad deadlines noted below or space may be forfeited.

RESERVE THE FOLLOWING

q Spring Issue
Publication Date: May 1
Ad Deadline: April 21

q Fall Issue
Publication Date: October 22
Ad Deadline: October 10

Ad Rate **$**_____

x 2 if both issues **x** **na**

Total Amount Due **$**_____

Return via fax to:
F: 612.624.4941

Return via fax or mail to:
MTGF
University of Minnesota
422 Alderman Hall
1970 Folwell Avenue
St. Paul, MN 55 108-6007
T: 612.625.9234
F: 612.624.4941
karo@mtgf.org

Name of Firm: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Signature: _____ Date: _____

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