



CLIPPINGS 2009

ADVERTISING ORDER FORM

2009 AD RATES

<u>Page Unit</u>	1x Only		2x	
	B&W	Color	B&W	Color
Full-page	\$640	\$725	\$1,225	\$1,395
Half-page	\$380	\$430	\$725	\$825
Quarter-page	\$180	\$205	\$345	\$395
Sixth-page	\$135	\$155	\$260	\$300

MECHANICAL REQUIREMENTS

<u>Page Unit</u>	<u>Inches Wide</u>	<u>Inches Deep</u>
Full page (non-bleed)	7-1/2"	10"
Half page horizontal	7-1/2"	4-7/8"
Half page vertical	3-3/8"	10"
One quarter page	3-3/8"	4-7/8"
One sixth page	2-1/8"	4-7/8"

SPECIFICATIONS

4-color Offset Printing	
Circulation size	3,000
Number of pages	8 to 20
Publication size	8-1/2" x 11"
Full-page ad size	7-1/2" x 10"

Design Services

Any requested design modifications to the advertisement will be billed to the customer at \$100.00 per hour.

Electronic Files

Graphic files: QuarkXpress, Adobe Illustrator, InDesign, Adobe Photoshop. Save as EPS, TIFF, or PDF. Images at 300 DPI; line art at 1200 DPI.

Billing

Advertisers are billed within 10 days following the completed production of each *Clippings* newsletter. Payments are due 30 days from the billing date. Orders placed for both the Spring and Fall issues will be billed for 50% of the total amount due after each issue.

Deadlines

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

<u>Issue</u>	<u>Publication Date</u>	<u>Ad Deadline</u>
Spring 2009	June 2009	May 2009
Fall 2009	October 2009	October 2009

Return Order Form and Art to:

MTGF
 422 Alderman Hall, 1970 Folwell Avenue
 St. Paul, MN 55108-6007
 T: 612.625.9234 · F: 612.624.4941
karo@mtgf.org

RESERVE THE FOLLOWING:

- | | | |
|---|---|---|
| Issue(s): <input type="checkbox"/> Spring 2009 | <input type="checkbox"/> Fall 2009 | <input type="checkbox"/> Both |
| Color: <input type="checkbox"/> Color | <input type="checkbox"/> Black and White | |
| Ad Size: <input type="checkbox"/> Full page | <input type="checkbox"/> Half page horizontal | <input type="checkbox"/> Half page vertical |
| <input type="checkbox"/> One quarter page | <input type="checkbox"/> One sixth page | |

Amount Due:

\$ _____

Name of Organization: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____

Signature: _____ Date: _____