



Empire State Youth Orchestras 2016 - 2017 Season Advertising Agreement

Company/Organization Name: _____
 Primary Contact: _____ Phone: (____) _____ - _____
 E-mail address: _____ Advertiser website: _____
 Mailing address - Street: _____
 City: _____ State: _____ Zip: _____

| ADVERTISEMENT OPTIONS (Print and/or Web) – Circle the ad size/charge | | | | | | | | | | | |
|--|-------------------|--|---------------|-----|-----|-----|-----|-----|-----|-----|-----|
| ADVERTISE IN SELECTED ESYO CONCERT PROGRAMS | | | | | | | | | | | |
| Page Size | Ad Size | Full Season: 3 Youth Orchestra Concerts Nov. 1 – Nov. 5 – May 14 | | | | | | | | | |
| | | 4-Color | Black & White | | | | | | | | |
| Full | 5"W x 8" H | \$1000 | \$800 | | | | | | | | |
| 1/2 | 5"W x 3 3/8"H | \$600 | \$400 | | | | | | | | |
| 1/4 Vertical | 2 3/8"W x 3 3/8"H | \$400 | \$200 | | | | | | | | |
| 1/4 Horizontal | 5"W x 1 1/8"H | \$400 | \$200 | | | | | | | | |
| 1/8 | 2 3/8 W x 1 1/8 H | N/A | \$100 | | | | | | | | |
| ADVERTISE ON ESYO.ORG | | | | | | | | | | | |
| Revolving Ads on homepage at esyo.org – 360 x 300 px, 300 dpi or higher - \$25 / month | | | | | | | | | | | |
| CIRCLE MONTH(s) you want your ad to run: | | | | | | | | | | | |
| JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |

SPECIAL PLACEMENT OPTIONS – Concert Sponsorship

The program covers (back, and inside front and back) are reserved for full page messages from season and concert sponsors. Please contact Gabrielle DeMarco at ESYO if interested in becoming a concert sponsor. gdemarco@esy.org or 518-382-7581

CAMERA READY, Black & White Ads only.

Formats: PDF with fonts embedded (preferred);
 .jpeg or .tif with resolution of 300 dpi at 100% also accepted.

Please submit camera ready ad by email to: kwatts@esy.org

Print Ad Size/Price: _____
Web Ad # months x \$25: _____
Total Amount Due: \$ _____

DEADLINE FOR ORDERS & COPY: SEPTEMBER 1, 2016

Please make checks payable to ESYO - OR pay by credit card: ___ MasterCard ___ VISA

Please complete following for CARD HOLDER:

Card number _____ Exp. date ____/____ 3 digit Card Verification # _____
 Name _____ Signature _____
 Street _____
 City _____ State _____ Zip _____

Please mail form & payment to:
ESYO at Proctors
432 State St.
Schenectady, NY 12305