

# S H E N A N D O A H

# *Apple Blossom Festival*®



## 2018 SOUVENIR PROGRAM BOOK Advertising Rate Schedule

Ad Size	Dimensions	Cost	Color
_____ Inside Front Cover	(7½" wide x 10" deep)	\$1,250	<b>All Ads are in Full-Color</b>
_____ Inside Back Cover	(7½" wide x 10" deep)	\$1,250	
_____ Back Cover	(7½" wide x 10" deep)	\$2,500	
_____ 2 Page Spread	(16" wide x 10" deep)	\$1,500	
_____ Full Page	(7½" wide x 10" deep)	\$ 800	
_____ Half Page	(7½" wide x 4¾" deep)	\$ 600	
_____ Third Page Vertical	(2¾" wide x 10" deep)	\$ 425	
_____ Third Page Horizontal	(7½" wide x 3¾" deep)	\$ 425	

Price is based on providing direct-to-plate ready DIGITAL CMYK FILES (no film accepted). **PROGRAMS ACCEPTED:** Quark Xpress 8 or 9, InDesign CC, Illustrator CC, Photoshop CC. All graphics and fonts must be provided along with a printout of the ad. Mac preferred, but PC will be accepted if using the stated programs. There will be an additional charge for correcting any file that is not CMYK. Graphics services are available at an additional charge for designing ads. Please call with any questions before submitting. Not responsible for errors occurring in PDFs submitted as ads. **Publisher and Word files NOT accepted.**

- ADVERTISING COPY:**
- Email ad directly to printer: [pneff@winchesterprinters.com](mailto:pneff@winchesterprinters.com)
  - Please use same copy as last year.
  - Ad copy is enclosed.
  - Copy to be sent by February 15, 2018

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Email: \_\_\_\_\_

- PAYMENT:**
- Our check for \$ \_\_\_\_\_ is enclosed.  
*(Make check payable to Shenandoah Apple Blossom Festival®)*
  - Please invoice.

**Retain Pink Copy for Your Records:**  
**Return the White and Yellow Copies to:**  
**Shenandoah Apple Blossom Festival, Inc.®**  
 135 North Cameron Street  
 Winchester, VA 22601-4727  
 Telephone: (540) 662-3863, Fax: (540) 662-7274  
 Website: [www.thebloom.com](http://www.thebloom.com)

**FOR OFFICE USE ONLY**

Invoice Date: \_\_\_\_\_

Payment Date: \_\_\_\_\_

Check # \_\_\_\_\_

Amount: \_\_\_\_\_