

# Program Book Ad Purchase Form: 2017 Students of the Year Campaign

Candidate to Support: Onyeka Chinyogwu

## DEMOGRAPHICS & PRICING

### Event Demographics:

- Approximately 150 programs are printed and distributed to finale guests.

### Pricing:

Outside back cover*	\$1,000 (full color)
Inside front cover*	\$750 (full color)
Inside back cover*	\$750 (full color)
Full page	\$500 (black & white)
Half page	\$250 (black & white)
Quarter page	\$100 (black & white)

\*Advertising space for the covers is sold on a first come, first serve basis once the campaign starts on January 8, 2017.

### Ad Specifications:

Full page ad:	5" x 8"
Half page ad:	5" x 4"
Quarter page ad:	5" x 2"

- 300 dpi – High Resolution PDF

### Ad Submission:

- Fill out general donation form and submit with payment.
- Submit via email Janeane Werner at Janeane.Werner@lls.org or by CD to 6811 Shawnee Mission Parkway, Suite 202, Shawnee Mission, KS 66202.
- ALL ARTWORK MUST BE RECEIVED BY: January 27, 2017**

### Important:

- If customizing Ad, LLS's name MUST read as: The Leukemia & Lymphoma Society (Use capital "T" and "&")

## Section A

**TYPE OF AD** (Ad space for the covers is sold on a first come, first serve basis once the campaign starts on January 8, 2017.)

\_\_\_\_\_ Outside Back Cover (\$1,000)\* \_\_\_\_\_ Full Page (\$500)

\_\_\_\_\_ Inside Front Cover (\$750)\* \_\_\_\_\_ Half Page (\$250)

\_\_\_\_\_ Inside Back Cover (\$750)\* \_\_\_\_\_ Quarter Page (\$100)

## Section B

### DONOR CONTACT INFORMATION: (please print)

Company Name (as you would like it to appear on printed materials)

Contact Name/Donor: Glad Tidings Title: Administrator  
Address: P.O. Box 300932  
City: Kansas City State: Mo Zip: 64134  
Phone: 816-333-1054 Email: direfraser@aol.com

## Section C

### PAYMENT INFORMATION: (DEADLINE: All payments due to LLS by February 24, 2017.)

\_\_\_\_\_ Check enclosed (made payable to The Leukemia & Lymphoma Society)

\_\_\_\_\_ Check sent by: \_\_\_\_\_

☒ Please charge the following credit card in the amount of \$ 75.00

\_\_\_\_ Visa ☒ AMEX \_\_\_\_\_ MC \_\_\_\_\_ Diner's Club \_\_\_\_\_ Discover

Acct #: 3727 244747 11004 Exp. Date: 5/21 V Code: 6442

Signature: Ernstyn Fraser

Please return this form to The Leukemia & Lymphoma Society:

6811 Shawnee Mission Parkway, Suite 202 • Shawnee Mission, KS 66202 • Phone: 913-262-1515 • Fax: 913-262-2167