



Race to Grace

NAMI CCNS Gala April 22, 2017

Program Book Ad Reservation Form

Company Name

Street Address

City/State/Zip

Contact Information

Contact Name

Position/Title

Phone

Fax

Email

Please indicate preferred ad opportunity

- | | |
|---|--|
| <input type="checkbox"/> Full page 4 7/8" x 7 3/4": \$500 | <input type="checkbox"/> Inside Front Cover 4 7/8" x 7 3/4": \$600 |
| <input type="checkbox"/> One half page 4 7/8" x 3 3/4": \$300 | <input type="checkbox"/> Inside Back Cover 4 7/8" x 7 3/4": \$600 |
| <input type="checkbox"/> Quarter page 4 7/8" x 1 7/8": \$175 | |

Name as you wish to appear in the program book (You may add, "In honor of" or "in memory of")

Ads Specifications:

- Camera-ready art electronically in PDF, AI or PSD format, as scanned EPS, TIFF or JPEG files (if type is included in originally created ads that are not scanned, PDF format is preferred). Scanned art must be saved at a minimum resolution of 266ppi
- You may submit a business card
- You may submit a clear photograph for "in memory of" ads (electronic images saved at 300 dpi at the physical size they are to be reproduced)

We cannot receive ads that are printed on newsprint.

**NAMI CCNS is a non-profit 501(c)(3) organization (tax ID# 36-3714540).
Contributions are tax-deductible to the full extent allowed by law.**

**Please send ads to: susanockerlund.namiccns@gmail.com
or mail to NAMI CCNS, 8324 Skokie Boulevard, Skokie, IL 60077**

**All materials must be submitted by March 10, 2017
Thank you!**