



CMEA Program Advertisements

Conference Program Guide and All-State Concert Programs

Billing: Barbara Skrebutenas, Executive Director cmea@snet.net
 CMEA PO Box 174 Cromwell, CT 06416-0174
 Phone: (860)632-1847 Fax: (860)632-1853

General Information

The In-Service Conference Program is distributed to attendees, advertisers, and exhibitors at the annual conference March 30 – April 1 2017. (CT Convention Center, Hartford)

The All-State Concert Program is distributed at the annual All-State Concert April 1 2017 (CT Convention Center Ballroom, Hartford) to parents, music teachers, guest conductors, high school student participants, business supporters, and sponsors.

Deadlines

Insertion Orders: Submit attached form no later than **February 15, 2017** to reserve space in either program.

Artwork: EMAIL artwork no later than **March 1, 2017** to the Executive Director at cmea@snet.net

Mechanical Specifications

Page size is 8.5" x 11" trimmed; two or three columns per page. Type page size is 7" x 9.5" length, and 2.25" column width (14 picas). Saddle stitched. Bleeds ads not accepted. Color and black and white photos accepted but will print in grayscale unless paying for color. Ads should be supplied as PDF files. Artwork must be emailed to the Executive Director at cmea@snet.net

Rates

Ad Placement	Ad Size	Rate
Outside Back Cover * (full color only)	7 x 9 ½	\$520.00
Inside Front Cover * (full color only)	7 x 9 ½	\$465.00
Inside Back Cover * (full color only)	7 x 9 ½	\$415.00
Full Page (bw)	7 x 9 ½	\$285.00
2/3 Page Vertical (bw)	4 ½ x 9 ½	\$260.00
2/3 Page Horizontal (bw)	7 x 6 ¼	\$260.00
½ page Horizontal only (bw)	7 x 4 ¾	\$235.00
1/3 page Vertical (bw)	2 3/8 x 9 ½	\$180.00
1/3 page Horizontal (bw)	7 x 3	\$180.00
¼ page Vertical (bw)	3 ½ x 4 ¾	\$155.00
¼ page Horizontal (bw)	7 x 2 ¼	\$155.00

**Cover ads are filled on a first come first served basis.



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2017 PROGRAM AD INSERTION ORDER

Mail/Fax/Email Space Reservations by Feb. 1 to:
 Artwork by Email only by March 1.

CMEA Program Ad
 PO Box 174 Cromwell, CT 06416
 (860) 632-1847 phone (860) 632-1853 fax
 cmea@snet.net

Company/Advertiser:		
Contact Name:		
Street Address:		
City:	State:	Zip Code:
Telephone:		
Email:		
Billing address (if different)		
City:	State:	Zip Code:
Authorized Signature		

Program Advertising Opportunities	Choice(s)	Indicate Ad Size and Type	Price
2017 All State Concert Program			
2017 Conference Program Guide			

Payment Type <i>Select one</i>
<input type="checkbox"/> Check (made out to CMEA)
<input type="checkbox"/> Purchase Order PO # _____
<input type="checkbox"/> Credit Card
Select Type <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Discover
Name on Card
Card Number
Exp. Date _____ Security Code _____
Billing Address: <i>(if different than above listing)</i>
Street:
City/State/Zip:
AuthorizedSignature: _____
<i>* by signing above you are authorizing CMEA to charge your account</i>