

thought provoking programming,
year-round
what.org

2017

Receive 5% off if payment
received by early
submission deadline of
October 15, 2016.

P.O. Box 797, 2357 Route 6, Wellfleet, MA 02667 / For TKTS 508-349-9428

FULL PAGE \$1,200

Live Area / Full Page ad with no bleed = 4.625w x 7.625h (keep all text within live area)

Trim = 5.375w x 8.375h

Bleed = 5.625w x 8.625h (Trim + .125 all sides)

HALF PAGE \$750

Horizontal 4.625w x 3.75h

Vertical 2.5w x 7.625h

QUARTER PAGE \$500

2.25w x 3.75h

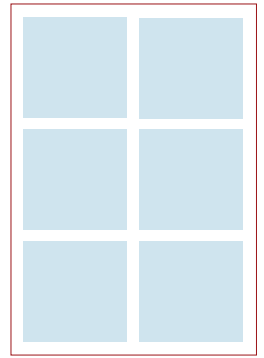
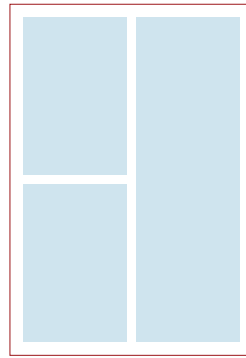
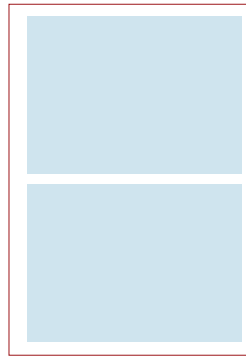
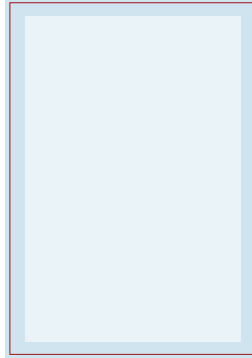
SIXTH PAGE \$300

2.25w x 2.375h

AD SUBMISSION

The following specifications are for MAC files only.

PC files are acceptable if they follow specifications.



PRODUCTION CHARGES

Ads not submitted to our specifications, with advertiser's consent, will be reworked at a charge to the advertiser.

PRODUCTION CONTACT

Kristen vonHentschel
508-477-3396 | fax 866-601-3259
kvhgraphicdesign@comcast.net

PREFERRED:
Adobe Acrobat
(high resolution PDF,
embed all fonts)

- InDesign
- Illustrator (with type converted to outlines and file saved as EPS)
- Photoshop (saved as TIFF, EPS or PDF)

EPS, TIFF, JPEG formats only. Line art must be at least 1200 dpi and photos should be 300 dpi or higher. We will not be responsible for the reproduction of graphic elements that do not meet these requirements and will reject unacceptable quality. Include all graphics files with your final document.

Send both screen and printer versions. Send TrueType fonts for PC files. Remember to include fonts embedded in graphics files.

Convert all EPS and TIFF files to CMYK before placing in final document.

Stuffit or Zip files accepted. Self-extracting files preferred. Ads submitted on CD accepted.

- Yes, to Full Page
- Yes, to Half Page Horizontal
- Yes, to Half Page Vertical
- Yes, to Quarter Page
- Yes, to Sixth Page
- Renew with last year's ad**

Business Name: _____

Contact: _____

Address: _____

Phone: _____

Email address: _____

Mail this form with payment to: WHAT | PO Box 797 | Wellfleet, MA 02667

Credit Card No. _____

Exp. _____ 3-Digit Security Code _____

Signature _____

Date _____



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