

# THE LOUISVILLE MASTER CHORALE

POST OFFICE BOX 8188  
LOUISVILLE, KENTUCKY 40257  
502-309-9562  
[www.LouisvilleMasterChorale.org](http://www.LouisvilleMasterChorale.org)

*Advertisers: please complete and return original to your LMC representative.*

This serves as a contract between \_\_\_\_\_ and The Louisville Master Chorale (LMC) for advertising in LMC program books, to be distributed at the performances on October 20, 2024, December 10, 2024 and March 16, 2025.

## ADVERTISING COSTS

Cost for a season full page ad is \$650; cost for a season half page ad is \$450. Rate is for placement of one ad for the performance, with advertiser providing finished ad, ready for reproduction. Contact us for rates for other sizes. This contract serves as your invoice.

## SPECS FOR LMC ADS

### LMC Ad Specifications

Including a border, ads must be in the following finished dimensions:

Full Page 5" x 8" (portrait, not landscape)

Half Page 5" x 3 ¾" (landscape, not portrait)

All ads printed color. No page bleeds. Screens: 133 lines. Send to [ssmith@unistarllc.com](mailto:ssmith@unistarllc.com) in format acceptable to PC (Microsoft Word or PDF file). Call 502-299-6874 if questions.

## OTHER

1. To reserve space (first-come basis), please sign, date and return this contract. If space is unavailable, you will be promptly notified. Notice: Space is limited. All advertising is on a first-come basis. Advertising is accepted, as space is available, based on the date when contracts and checks are received. Should LMC not publish your advertising as contracted, you will be reimbursed.
2. Payment is due at the time of contract. Please make your check payable to Louisville Master Chorale and give it to your LMC representative named at the end of the contract or mail it to our address above.
3. The Ad for publication should be e-mailed to [inbox@louisvillemasterchorale.org](mailto:inbox@louisvillemasterchorale.org). If the ad is not within specifications, additional charges for changes may be necessary.

## ADVERTISER

Signature of advertiser's authorizing party      Print Name

\_\_\_\_\_

Phone: \_\_\_\_\_.

Mailing address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

THANK YOU!

## LMC REPRESENTATIVE

Name: \_\_\_\_\_ contact: \_\_\_\_\_