



## DISPLAY ADVERTISING ORDER FORM

Northwest Compass, Inc. is pleased to present **Harvest Night 2017** to honor our Volunteers and Donors.

Wednesday, October 18, 2017  
from 5-7:00pm

Metropolis Performing Arts Center  
111 W. Campbell Street  
Arlington Heights, Illinois

All funds raised will be used to underwrite this year's event, which is meant to thank Volunteers and Donors for their support throughout the year.

### DEADLINES

All digital art files must be received by Wednesday, **October 4, 2017.**

### ARTWORK

Please e-mail all camera-ready artwork to:  
[Marketing@NorthwestCompass.org](mailto:Marketing@NorthwestCompass.org)

### PAYMENT

Please make all checks payable to **Northwest Compass, Inc.** and mail with one copy of this contract to:

**Northwest Compass, Inc.**  
1300 West Northwest Highway  
Mount Prospect, IL 60056

### QUESTIONS?

Please contact Dr. Cheryl Novas, PhD at:  
[CNovas@NorthwestCompass.org](mailto:CNovas@NorthwestCompass.org)  
or by telephone +1 847 392 2344 X407



### I/We are pleased to be a Corporate Sponsor.

We invite you and up to two (2) additional representatives from your organization to be our guest(s) at **Harvest Night 2017** with any of the following sponsorships:

- Platinum** (One Available). Back Cover Full-Color, Full-Page Ad (7.5 x 9.5), priority listing in all event publicity. **\$1000**
- Gold** (Two Available). Front or Back Inside Cover Full-Color, Full-Page Ad (7.5 x 9.5), priority listing in all event publicity. **\$750**
- Silver**. Black & White, Full-Page Ad (7.5 x 9.5). **\$600**
- Bronze**. Black & White, Half-Page Ad (7.5 x 4.5). **\$500**
- Aluminum**. Black & White, Quarter-Page Ad (3.5 x 4.5). **\$250**
- Business Card**. Black & White, 1/8th-Page Ad (3.5 x 2). **\$50**

**REQUIRED MATERIALS.** Camera-ready, high-resolution (300dpi) digital files in PDF, TIFF, EPS or JPEG format with all fonts, images and logos embedded or included. E-mail to:  
[Marketing@NorthwestCompass.org](mailto:Marketing@NorthwestCompass.org)

### YOUR INFORMATION

Name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Please charge my Visa/MasterCard Account # \_\_\_\_\_

Exp Date \_\_\_\_\_ Signature \_\_\_\_\_

Type or Print Name \_\_\_\_\_