

# the **wichitan** CONTRACT

**Direct all advertising inquiries to:**

Business Manager  
The Wichitan  
3410 Taft Blvd.  
Wichita Falls, TX 76310  
940/397-4704

**Submit ads electronically as PDF files to:**

wichitan@mwsu.edu

**FedEx or UPS delivery should be addressed to:**

Business Manager  
The Wichitan  
3410 Taft Blvd.  
Wichita Falls, TX 76310  
940/397-4704

*The publisher assumes no responsibility for the return of manuscripts or art although every attempt will be made to return such material if requested.*

**YES,** I'd like to take this opportunity to reach thousands of students, faculty, staff and visitors at Mid-western State University. Advertising rates listed on the Rate Card and Contract are for camera-ready ads submitted electronically. All ads must be submitted as high-resolution PDF documents. All additional art, photography, or unusually time-consuming work will be charged at the rates below on the contract. No ad placement will be guaranteed. However, placement will be granted, if possible, when requested. All ads must be paid in advance. Student media staff members will provide advertisers with one copy of each publication in which their ad runs.

**DETAILS**

Published 28 times an academic year.

**AD SIZE**

- Back page (\$400)
- Inside full page (\$300)
- 1/2 page (\$175)
- 1/4 page (\$90)
- 1/8 page (\$50)
- Page 1 banner (\$200)
- Inside banner (\$50)

**ISSUE**

- Date \_\_\_\_\_
- Date \_\_\_\_\_
- Date \_\_\_\_\_
- Date \_\_\_\_\_

**AD COST**

\$ \_\_\_\_\_  
(per issue cost x no. of issues)

- Inside page color (additional \$45)
- Insert (\$175) (1,000 delivered to printer by deadline)

**ONLINE AD SIZE**

- Banner (\$30/week)
- Block (\$45/month)

**ISSUE**

- Date start \_\_\_\_\_
- Date end \_\_\_\_\_

**AD COST**

\$ \_\_\_\_\_  
(per issue cost x no. of issues)

**ADDITIONAL ITEMS**

- Four consecutive print issues — Deduct 10% ..... \$ \_\_\_\_\_
- Typesetting, electronic file preparation, etc. (@ \$25/hour)..... \$ \_\_\_\_\_

TOTAL CHARGES ..... \$ \_\_\_\_\_

Key words for ad \_\_\_\_\_

Contact person \_\_\_\_\_ Date \_\_\_\_\_

Firm name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Authorized signature \_\_\_\_\_

Print name here \_\_\_\_\_

**METHOD OF PAYMENT**

- MasterCard     Visa     Check # \_\_\_\_\_     IDT number \_\_\_\_\_

Credit card number \_\_\_\_\_ Expiration \_\_\_\_\_