



Making the right food choices, together.

ILLINOIS NEWSGRAM

2017 Advertising Rates



As an ILSNA industry member.....your main goal is to connect with Illinois School Nutrition Association food service professionals.....let the **NewsGram** help you **hit your goal** every time by advertising in the association quarterly publication.

ILSNA's **NewsGram** is a select publication that specifically targets Illinois school personnel. Presented quarterly, this publication contains articles, photographs and advertisements emphasizing school food service, health, industry trends, nutrition, professional development, safety and sanitation, and technology.

Circulation includes district directors, managers, supervisors, and cafeteria employees. The **NewsGram** reaches those who are directly responsible for the purchasing decisions in their school district.

Millions of students in Illinois participate in school breakfast, lunch and summer feeding programs. Reaching a target population that feeds these students daily is one of the most cost-effective means of advertising.



Advertising in the **NEWSGRAM** is open to all Corporate Sustaining Members and Corporate Partnership Program Members. *Corporate Partnership Program Members will receive an additional discount on all ads placed.*





Advertising Rate Information

- ◆ **NewsGram** will be available **electronically** two times per year **October and March**. **Printed** copies will be distributed two times per year **December and May**.
- ◆ The **NewsGram** is circulated to all members and industry partners of the Illinois School Nutrition Association, representing thousands of students in Illinois. Copies of the **NewsGram** are also available at all Association events and function.
- ◆ The magazine format provides an excellent print medium for ILSNA to communicate with their members and also a superior medium for Industry to reach the Illinois School Food Service Market.
- ◆ To place an ad in the **NewsGram** ...Advertisers must be an ILSNA Member.

Ad Specifications

Advertising materials will be accepted in **Black/White and Color** as PDF, EPS, JPG or TIF files. Publisher accepts no responsibility for errors resulting from materials not supplied to the specifications mentioned above.

Full Page	7.5" wide x 10" tall
Full Page Inside/Back Cover	7.5" wide x 10" tall
1/2 Page Horizontal	7.5" x 4" 1/2 Page
1/2 Page Vertical	4" x 10" 1/2 Page

Rates

Ad Size	Corporate Sustaining Member	Corporate Partnership Program Member
Full Page/black & white	\$500 per issue	\$225 per issue
Full Page/Color	\$750 per issue	\$337.50 per issue
Full Page - Inside Cover/Color or BW	\$800.00 per issue	\$360 per issue
Full Page - Back Cover/Color or BW		
1/2 Page - Horizontal	\$300 per issue	\$135 per issue
1/2 Page - Vertical	\$300 per issue	\$135 per issue

If you would like to advertise in the **Newsgram** but are not a current CSM or CPP please contact the ILSNA office at 217-529-6578 to obtain membership information.

Full Page
BI/W or color
7.5 x 10 inches

1/2 Page
Horizontal
7.5 x 4 inches

1/2
Page
Vertical
4 x 10
inches

Full Page
Inside Front or
Back Cover
BW or Color
Ad
7.5 x 10 inches



Deadlines

Issue	Order Deadline	Artwork Deadline
WINTER - March 2017	February 13, 2017	February 20, 2017
SPRING - May 2017	April 10, 2017	April 21, 2017
SUMMER - October 2017	September 5, 2017	September 18, 2017
FALL - December 2017	October 30, 2017	November 13, 2017

Request for Advertising

Company: _____

Contact: _____

Address: _____ City _____ State _____ Zip _____

Phone Number: _____ E-mail: _____

Please indicate the number of ads per issue	Full Page B/W		Full Page COLOR		Inside Front/Back Cover Color		1/2 Page - BW Horizontal		1/2 Page - BW Vertical		10% Discount when placing ad in all 4 issues
	CSM	CPP	CSM	CPP	CSM	CPP	CSM	CPP	CSM	CPP	
	\$500	\$225	\$750	\$337.50	\$800	\$360	\$300	\$135	\$300	\$135	Total Due
Summer											
Fall											
Winter											
Spring											

Check # _____ Enclosed, amount \$ _____

CC Charge - I, _____ hereby authorize ILSNA to charge my credit card for the amount of \$ _____

Credit Card Information Card Type (Circle One):



Name (On Card): _____

Card Number: _____ - _____ - _____ - _____ Expiration Date: ____ / ____ CVV# _____

Authorized Signature: _____ Date: _____

Mail form and payment to Illinois School Nutrition Association,
3085 Stevenson Drive, Ste. 200, Springfield, IL 62703
Questions, please contact the ILSNA office at (217) 529-6578.

E-mail artwork to: info@ILSNA.net