

Knights of Columbus
South Carolina 105th Annual State Convention
May 1st – May 3rd, 2026

Council Assembly & District Deputy Program Advertising Rates Form

Full Page	\$150.00 (7.9"x 10.3")
Half Page	\$120.00 (7.9"x 5.03")
Quarter Page	\$60.00 (3.83"x 5.03")

**Want to re-use last year's ad? We will update any dates on it.

Check YES ☐

Ordering Instructions

All ads and payments MUST be received by March 24, 2026. Please circle the ad size and send the full payment with the ad form to the **MAILING ADDRESS BELOW**

Advertisements **MUST** be submitted in **PDF** Format **AND** sent to the **EMAIL ADDRESS BELOW**.
Refer to the size chart for the required ad dimensions and ad orientation. Page 2 of this form.

Write Checks payable to:

KofC SC State Council
& Mail to State Treasurer at:
KofC State Convention
C/O Joe Nesbitt
3557 Flowering Oak Way
Mount Pleasant, SC 29466

Send original Ad Form to:

KofC SC State Convention
C/O Paul Setti
853 Stiles Drive
Charleston, SC 29412

Send PDF ads to:

kofcsc.Ads@gmail.com

Advertiser's Name: _____

Ad Size/Special Instructions: _____

K of C Representative: _____

Telephone No: _____ **Email Address:** _____

Advertiser's Signature	Date	K of C Representative	Date
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Knights of Columbus
South Carolina 105th Annual State Convention
May 1st – May 3rd, 2026

Commercial Program Advertising Rates Form

Full Page	\$250.00 (7.9"x 10.3")	Outside Back Cover	\$500.00 (7.9"x 10.3")
Half Page	\$150.00 (7.9"x 5.03")	Inside Front Cover	\$400.00 (7.9"x 10.3")
Quarter Page	\$ 80.00 (3.83"x 5.03")	Inside Back Cover	\$350.00 (7.9"x 10.3")

**Want to re-use last year's ad? We will update any dates on it.

Check YES ☐

Ordering Instructions

*All Cover Ads **MUST** be reserved by calling Paul Setti, PGK (843-813-2713)*

All ads and payments MUST be received by March 24th, 2026. Please circle the ad size and send the full payment with the ad form to the **MAILING ADDRESS BELOW.**

Advertisements **MUST** be submitted in **PDF** Format **AND** sent to the **ADDRESSES BELOW.**
Refer to the size chart for the required ad dimensions and ad orientation. Page 2 of this form.

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Advertiser's Name: _____

Ad Size/Special Instructions: _____

K of C Representative: _____

Telephone No: _____ **Email Address:** _____

Advertiser's Signature **Date** **K of C Representative** **Date**

**FULL PAGE ADS
COVER ADS
7.9" X 10.3"**

HALF PAGE ADS
7.9" X 5.03"

**QUARTER PAGE
ADS**
3.83" X 5.03"

**QUARTER PAGE
ADS**
3.83" X 5.03"