## PROGRAM ADVERTISING RESERVATION FORM

Your ad will appear in the program booklet for three successive performances
PROGRAM ADVERTISING RATES (Please check your choice):

| Select | Placement | Size (W x H) | Rates |
| :--- | :--- | :--- | :---: |
|  | Full Page Color (back cover) | $5.0^{\prime \prime} \times 7.75^{\prime \prime}$ | $\$ 300$ |
|  | Full Page Color (inside covers) | $5.0^{\prime \prime} \times 7.75^{\prime \prime}$ | $\$ 275$ |
|  | Full Page (B\&W) | $5.0^{\prime \prime} \times 7.75^{\prime \prime}$ | $\$ 200$ |
|  | Half Page (B\&W) | $5.0^{\prime \prime} \times 3.75^{\prime \prime}$ | $\$ 120$ |
|  | Quarter Page (B\&W) | $2.375^{\prime \prime} \times 3.75^{\prime \prime}$ | $\$ 75$ |
|  | Eighth Page (B\&W) | $2.375^{\prime \prime} \times 1.75^{\prime \prime}$ | $\$ 55$ |

BUSINESS NAME: $\qquad$
CONTACT NAME: $\qquad$
PHONE: $\qquad$ EMAIL:

City, Zip Code:1

POSTAL ADDRESS $\qquad$
$\qquad$
$\qquad$ AUTHORIZATION: By marking here I verify that I am the person named below and am authorized to purchase this ad.
(Print Name): $\qquad$

SUBMIT AD COPY (see specs on reverse)Ad copy is enclosedl will email ad copy to advertising@octavosingers.orgUse the same copy as sent previouslyI want to discuss my ad

SUBMIT PAYMENT
__ Payment is enclosed
___ Payment is made online at octavosingers.org/support (Please specify "Program Ad" and your company name with payment)

Ad copy submitted with payment within 15 days of a scheduled concer may be held until the following concert.

Mailing address: Octavo Singers, P.O. Box 722, Schenectady, NY 12301 Email Address: advertising@octavosingers.org

THANK YOU FOR YOUR SUPPORT!

## Ad Specifications

- Please provide 'camera-ready copy' at the dimensions shown below.
- A digital file of your ad will provide the best results; hard copies will be scanned.
- PDF format is preferred; other image formats (jpg, png, tiff) are acceptable.


