

Gathering on the Green Program Book Advertising

Company Name: _____ **Phone Number:** _____
Contact Person: _____ **Title:** _____
Email: _____ **Address:** _____
City: _____ **Zip:** _____ **Agreed:** _____ **Date:** _____

PROGRAM ADVERTISING OPPORTUNITIES & Event Benefits

| | | |
|--------------------------|---|--------|
| <input type="checkbox"/> | BACK COVER 6 Premium Reserved Tickets + 6 Dinners + 3 Parking Passes | \$2500 |
| <input type="checkbox"/> | CENTER 2 FULL PAGES (on the staple) 6 Premium Reserved Tickets + 6 Dinners + 3 Parking Passes | \$2500 |
| <input type="checkbox"/> | INSIDE FRONT COVER 4 Premium Reserved Tickets + 4 Dinners + 2 Parking Passes | \$1800 |
| <input type="checkbox"/> | INSIDE BACK COVER 4 Premium Reserved Tickets + 4 Dinners + 2 Parking Passes | \$1800 |
| <input type="checkbox"/> | FULL PAGE 7 1/2 x 10 Vertical 4 Premium Reserved Tickets + 4 Dinners + 2 Parking Passes | \$1500 |
| <input type="checkbox"/> | HALF PAGE 3 1/2 x 10 Vertical or 7 1/2 x 4 3/4 Horizontal 2 Premium Reserved Tickets + 2 Dinners + 1 Parking Pass | \$900 |
| <input type="checkbox"/> | QUARTER PAGE 3 1/2 x 4 3/4 Vertical 2 Lawn Tickets + 1 Parking Passes | \$500 |
| <input type="checkbox"/> | BUSINESS CARD 3 1/2 x 2 1/8 | \$200 |

Please indicate your preference for ad layout and SEND TO :

tracic@gatheringonthegreen.org

I will furnish artwork by email in pdf, tif, jpg or eps format with a minimum resolution of 300 dpi prior to May 17th

I would like Gathering on the Green to provide layout and design (at an additional cost of \$50 per hour). Contact Traci by April 19th for this additional service.

ALL AD COPY MUST BE RECEIVED BY MAY 17th

***PAYMENT MUST ACCOMPANY CONTRACT ***

Send to : **Gathering on the Green**
P.O. Box 524
Thiensville, WI 53092

Please send Advertiser Benefits for Friday.....

Please send Advertiser Benefits for Saturday.....

Thank you for your support.
 Contact us at 262-242-6187
 Traci Cain, Program Director
 11124 North Cedarburg Rd, Suite 290,
 Mequon, WI 53092
 tracic@gatheringonthegreen.org



CHARGE MY MASTERCARD VISA
 ACCT# _____ - _____ - _____
 EXP DATE _____ SEC CODE _____
 SIGNATURE _____
 OR: PAID WITH CHECK # _____
 AMOUNT \$ _____