



AD BOOK FEST SPONSOR

September 22-24, 2017

ADVERTISER INFORMATION

CONTACT NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

EMAIL & PHONE _____

AD INFORMATION

- | | |
|---|--|
| <input type="checkbox"/> Full Page (5.25w" x 8h") - \$1,100 | <input type="checkbox"/> Half Page (5.25w" x 4") - \$600 |
| <input type="checkbox"/> 1/3 Page (5.25w" x 2.5h") - \$400 | <input type="checkbox"/> 1/4 Page (2.5" x 5") - \$325 |
| <input type="checkbox"/> 2-Page Centerspread (8" x 11") - \$1,900 | <input type="checkbox"/> 2-Page Spread (8" x 11") - \$1,700 |
| <input type="checkbox"/> Outside Back Cover (5" x 8") - \$1,700 | <input type="checkbox"/> Inside Back Cover (5" x 8") - \$1,200 |

PAYMENT INFORMATION

Check (payable to Saint Anthony Greek Orthodox Church)

Visa MasterCard AM EX Amount \$ _____

Card Number: _____ Exp. ____ / ____ CSV _____

Name (as on card): _____

Signature: _____

INSTRUCTIONS FOR SUBMISSION

- All copy and advertisements must be in correct size and are subject to approval.
 - This form, payment, and camera-ready artwork in .TIF or .JPG format is **due by September 1, 2017** to Saint Anthony Greek Orthodox Church:
alma@saint-anthonys.org • FAX: 626.449.6974 • PHONE: 626.449.6943
 - The advertiser agrees to protect the publisher against legal action based upon libelous statements or unauthorized use of photographs or other material in connection with advertisements placed on contract.
- I have read and understand the terms and conditions*

SIGNATURE _____

FOR OFFICE USE ONLY:

Date Received _____ Completed Form Submitted Paid in Full

Balance Due _____ Credit Card Processed Check # _____

Notes: _____



SAINT ANTHONY GREEK ORTHODOX CHURCH
778 South Rosemead Boulevard, Pasadena, California 91107