



30th Anniversary Program Book Advertising Rates 2010/11

<u>Ad Type/Size</u>	<u>B&W</u>	<u>Color</u>
Inside Front Cover (5" wide x 7.75" high)*	\$750	\$775
Inside Back Cover (5" wide x 7.75" high)*	\$750	\$775
Full Page Advertisement (5" wide x 7.75" high)	\$500	\$525
Half Page (Horizontal) Advertisement (5" wide x 3.75" high)	\$300	\$325
Half Page (Vertical) Advertisement (2.5" wide x 7.75" high)	\$300	\$325
Quarter Page (Vertical) Advertisement (2.5" wide x 3.75" high)	\$175	\$200

** Only one of this ad type exists in the program book. Ads are booked on a "first come, first served" basis.*

All non-color ads must be submitted in grayscale only. For color ads, add \$25 (any size).

All ads must be received by **Friday, August 27, 2010**.

All ads must be supplied at 300 DPI in a PDF or TIF format only. Ads may be e-mailed to maria@wellspringdance.org or submitted on disk - no hard copies.

All ads must be submitted in the correct size as specified on ad agreement with no crop marks.

Your ad will run in the program for our 2010/11 season, which includes a minimum of fourteen performances from October 2010 through May 2011.

For more information, contact Maria Suszynski, Executive Director, at 269/342-4354 or maria@wellspringdance.org



30th Anniversary Season Program Book 2010/11 Advertisement Agreement

Company Name: _____

Contact Name: _____ Title: _____

Address: _____ City/State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Please add me to Wellspring's monthly E-News list

<u>Ad Type</u>	<u>Size</u>	<u>B&W</u>	<u>Color</u>
<input type="checkbox"/> Inside Front Cover*	5"wide x 7.75" high	\$750	\$775
<input type="checkbox"/> Inside Back Cover*	5"wide x 7.75" high	\$750	\$775
<input type="checkbox"/> Full Page	5"wide x 7.75" high	\$500	\$525
<input type="checkbox"/> Half Page Horizontal	5" wide x 3.75" high	\$300	\$325
<input type="checkbox"/> Half Page Vertical	2.5" wide x 7.75" high	\$300	\$325
<input type="checkbox"/> Quarter Page Vertical	2.5" wide x 3.75" high	\$175	\$200

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Amount: \$_____ Cash or Check Enclosed Please Invoice

Please note: Wellspring will accept cash or check only

Authorized Representative Name: _____

Authorized Signature: _____ Date Signed: _____

Wellspring Representative: _____ Date Received: _____

Thank You for Supporting Wellspring!

Please return completed agreement by **August 27, 2010** to:

Wellspring/Cori Terry & Dancers
359 S. Kalamazoo Mall, Ste. 204
Kalamazoo, MI 49007
269/342-4354

Submit ad to: maria@wellspringdance.org
or mail/deliver on disk to the above address