

The Milton Players, Inc. **Program Book Advertising Contract for _____**



Advertiser: _____

Contact: _____

Address: _____

City/State/Zip: _____

Telephone Number: () _____

Fax Number: () _____

Email: _____

SIZE

Inside Front or Back Page \$500.00

Full Page \$200.00

Half Page (vertical) \$120.00

Half Page (horizontal) \$120.00

Quarter Page \$75.00

SPECIFICATIONS

Camera Ready.

Please create ad and FAX to me
for final approval.

PAYMENT

Amount Due \$ _____

By Check Payable to:

THE MILTON PLAYERS, Inc.
ADS MUST BE PAID IN FULL BY
OCTOBER 15, 2021.

Or by Credit Card

Card # _____

Exp. Date: _____ CVC# _____

Name on Card _____

We thank you for your wonderful
support! Please come and see our shows
—

Please return to:

The Milton Players, Inc.

Attn: Pat Brawley

P.O. Box 870001, Milton, MA 02187

or

Email@miltonplayers.org

FULL PAGE <i>(4 5/8" x 7 1/4")</i>	
HALF PAGE (horizontal) <i>(4 5/8" x 3 5/8")</i>	
HALF PAGE (vertical) <i>(2 1/4" x 7 1/4")</i>	
QUARTER PAGE <i>(2 1/4" x 3 5/8")</i>	