

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

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