

## 2021/2022 IT IS TIME TO COME TOGETHER Program Advertising and Rates Contract Form

### COLOR PRICE LIST

| ✓ | Ad Type                                | Size (inches) | Price   |
|---|--|---------------|---------|
|   | Back Cover<br>2 season tickets         | 5x8           | \$1,500 |
|   | Inside Front Cover<br>2 season tickets | 5x8           | \$1,400 |
|   | Inside Back Cover<br>2 season tickets  | 5x8           | \$1,200 |
|   | Full Page<br>1 Season ticket           | 5x8           | \$800   |
|   | 1/2 Page<br>3 Flex tickets **          | 5x4           | \$500   |
|   | 1/4 Page (horizontal)                  | 5x2           | \$250   |
|   | 1/4 Page (vertical)                    | 2.5x4         | \$250   |

### BLACK & WHITE PRICE LIST

| ✓ | Ad Type                                 | Size (inches) | Price   |
|---|---|---------------|---------|
|   | Inside Front Cover<br>3 Flex tickets ** | 5x8           | \$1,200 |
|   | Inside Back Cover<br>3 Flex tickets **  | 5x8           | \$1,000 |
|   | Full Page<br>1 Season ticket            | 5x8           | \$400   |
|   | 1/2 Page<br>1 Flex ticket **            | 5x4           | \$250   |
|   | 1/4 Page (horizontal)                   | 5x2           | \$125   |
|   | 1/4 Page (vertical)                     | 2.5x4         | \$125   |

**Ad Copy**

- Use current ad in program
- Camera-ready ad enclosed
  - A single piece of ad copy is preferred in .pdf or .jpg format emailed to: [THough@spartanarts.org](mailto:THough@spartanarts.org)
  - Business cards are acceptable.
  - Please mail to: Ballet Spartanburg, 200 East St. John Street, Spartanburg, SC 29306 or fax@864-948-5353

**\*\* A Flex ticket may be used for one 2021/2022 production.**

**DEADLINE FOR SUBMISSION IS May 1, 2021**

|                           |    |
|---------------------------|----|
| Advertiser's Signature    |    |
| Print Name                |    |
| Billing Mailing Address   |    |
| City, State, Zip Code     |    |
| Phone                     |    |
| Email                     |    |
| Ad Price                  | \$ |
| Total Amount Enclosed     | \$ |
| Board Member Contact Name |    |

**New Payment Options**

Check Enclosed

Bill Me

Charge My Credit Card:     Visa     MC     AMEX     Discover

Name on card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

\_\_\_\_\_  
Signature