



## Program Advertising Contract

**Each concert, your ad will be seen by approximately 1,000 arts supporters in Tallahassee.**

This Advertising Contract is entered into between The Tallahassee Community Chorus, Inc., herein referred to as "Chorus" and \_\_\_\_\_, herein referred to as "Advertiser." The Advertiser agrees to pay for the advertisement (Ad) checked below in full and submit **camera-ready** artwork or a high-resolution PDF or JPEG file to the Chorus or the Chorus member listed below. For an additional \$20, the Chorus will prepare the photo-ready copy with your wording. **Deadline** for Ad submission: **15 business days before** the first concert to which the ad applies. Both parties agree to place the advertisement in the Chorus program according to the size, option(s), and price checked below:

\_\_\_\_\_ **One-Program Option**, the Ad will be placed in the Program of the Advertiser's choice (check one):

\_\_\_\_\_ Fall Concert      \_\_\_\_\_ Unity Concert      \_\_\_\_\_ Spring Concert

\_\_\_\_\_ **Three-Program Option**, the Ad will be placed in all three of the above programs.

Ad copy may change for each program but each change must meet program deadlines.

<u>Advertisement Size</u> (Width by Height)	<u>One Program</u>		<u>Three Program</u>	
	Price	Select Ad	Price	Select Ad
Full Page (5.0 x 8.0")	\$200	_____	\$480	_____
Full Page Color (5.0" x 8.0")	\$300	_____	\$650	_____
Half Page(2.5" x 4.0" or 4.0" x 2.5")	\$100	_____	\$240	_____
Half Page Color (2.5" x 4.0" or 4.0 x 2.5")	\$150	_____	\$350	_____
Quarter Page (2.5" x 2.0")	\$ 75	_____	\$180	_____
Business Card (2.5" x 1.75")	\$ 40	_____	\$ 96	_____

\*\*\*\*\*

**Date of Contract:** \_\_\_\_\_ **Chorus Member:** \_\_\_\_\_

**Advertising Business:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Advertiser Contact:** First \_\_\_\_\_ Last \_\_\_\_\_

**Advertiser's Address:** \_\_\_\_\_

**Advertiser's E-mail:** \_\_\_\_\_

**Signature of Advertiser:** \_\_\_\_\_ **Amount Paid: \$** \_\_\_\_\_

**\*If Paying by Credit Card: Card #** \_\_\_\_\_

**Type:** \_\_\_ VISA      \_\_\_ MASTERCARD

**Name on Card:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ (month)/ \_\_\_\_\_ (year). **Cardholder's Zip Code:** \_\_\_\_\_

**Security Code:** \_\_\_\_\_ (a 3-digit number on the back of the credit card)

*\*Note: A 3% convenience fee will be added to credit card payment.*

We hope to see you at all of our upcoming concerts. **Messages regarding ads should be left at 850-656-8925 for Rosemary Andree.** Ad copy as .pdf or .jpg should be emailed to [ads@tcchorus.org](mailto:ads@tcchorus.org)

***We appreciate your support!***