



South Plainfield Summer Drama Workshop, Inc.

An Educational Theatre Program presenting Musicals Since 1972.

PROGRAM ADVERTISING ORDER SHEET

Contact Name: _____

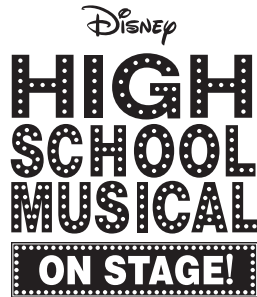
Name of _____
(Business, Club or Organization)

Address: _____

Phone: _____ Ad Sold By: _____

Is this number Business Home or Cell?

- Attached is the copy I wish to be included in the program for the 2011 production of
- Hundreds of people will be able to see Your Ad in our program, consider including a Coupon or Special Offer!**



**IMPORTANT
AD COPY MUST BE
CLEAN AND BLACK &
WHITE CAMERA READY.
FOR BEST PRINT
RESULTS, PDFS ARE
RECOMMENDED.**

I am purchasing the following Advertising Space:

- | | | | |
|--------------------------|------------------------------------|----------------------|-------|
| <input type="checkbox"/> | Inside front only (full color/b&w) | (7 3/4 w x 10 1/2 h) | \$175 |
| <input type="checkbox"/> | Inside back or back cover (b&w) | (7 3/4 w x 10 1/2 h) | \$150 |
| <input type="checkbox"/> | Full page ad (b&w) | (7 3/4 w x 10 1/2 h) | \$100 |
| <input type="checkbox"/> | Half Page ad (b&w) | (7 1/2 w x 4 3/4 h) | \$60 |
| <input type="checkbox"/> | Quarter Page Ad (b&w) | (3 1/2 w x 5" h) | \$30 |
| <input type="checkbox"/> | Business Card Ad* (b&w) | (3 1/2 w x 2 h) | \$15 |

* Business Card ads will only include:
small image, company name, owner's name, address
and contact information (phone no., fax & email)

*SPSDW use only
receipt of payment*

Confirm ad size _____

Payment received?
Yes ___ Pending ___

Check no. _____

or Cash? Yes

Authorized Signature: _____ Date: _____

Please make checks payable to: **South Plainfield Summer Drama Workshop**
Electronic files, PDFs, can be E-mailed to *program@spsdw.com* or mailed to
South Plainfield Summer Drama Workshop, P.O. Box 962, South Plainfield, NJ 07080

ADVERTISING ORDERS MUST BE RECEIVED NO LATER THAN JULY 8, 2011