



The Tallahassee Community Chorus

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 (300 dpi) 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 850-894-0995 for Vanessa Pinto.** Ad copy as .pdf or .jpg should be emailed to tcchorusads@gmail.com.

We appreciate your support!