

SILVERTHORNE

THEATER COMPANY

2019 Community Partner Advertising Insertion Order

Contact Name: _____ E-mail: _____

Business Name: _____

Billing Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Phone: _____ Fax: _____

Business Website: _____

___ I authorize ad insertion(s) in STC's 2019 Season Brochure as follows:

Please Check (sizes/specs on Rate Sheet)

___ \$5000 Season Sponsor ___ \$2500 Show Sponsor ___ \$1500 Performance Sponsor ___ \$1000 Sponsor

___ \$400 Full Page Ad ___ \$250 Half Page Ad ___ \$100 Business Logo Ad ___ \$75 Business Listing

Print Name: _____ Title: _____

Signature: _____ Date: _____

Returning advertiser - 10% off rate for same level of ad \$ _____

Total Due: \$ _____ Check encl Credit Card Send Invoice

Visa/Mastercard Card #: _____

Name on Credit Card: _____

Expiration Date: _____ CCV Code: _____ Billing Zip Code: _____

Please Return To:
Silverthorne Theater Company
Attn: Lucinda Kidder
P.O. Box 204
Turners Falls MA 01376

Deadline for all insertion orders, ad materials and payment is February 15, 2019!