

# *Alexander W. Dreyfoos School of the Arts*

## *Annual Theatre Program 2019-2020*

### Deadline: Friday, September 13th, 2019

Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Name on Check if Different \_\_\_\_\_

Check #(if paid by check): \_\_\_\_\_

- ◆ The Dreyfoos Theatre Department reserves the right to edit for content. Placement determined by editor.
- ◆ Premium Pages are in FULL COLOR if indicated below. All others are in BLACK & WHITE.
- ◆ All Ads MUST have correct orientation and size as indicated below and be either a jpg or pdf file.
- ◆ Please email artwork jpg or pdf file to: [dsoaplaybill@gmail.com](mailto:dsoaplaybill@gmail.com)
- ◆ **Premium pages are filled on a first-come basis, based on when the form is received. (see below)**

AD SIZE & ORIENTATION (B&W)	JPG/PDF	TOTAL	
BUSINESS CARD 3 1/2" X 2 1/4" (Landscape or Portrait)	\$75		Include copy of business card or pdf/jpg
QUARTER PAGE: 3 1/2"w X 4 3/4"h (Portrait)	\$150		
HALF PAGE: 7 1/4"w X 4 1/4"h (Landscape)	\$250		
FULL PAGE: 7 1/4"w X 9 1/2"h (Portrait)	\$500		
DOUBLE PAGE: 7 1/4"w X 9 1/2"h x (2) (Portrait)	\$1000		

#### PREMIUM FULL PAGES (CHECK BOX WHERE APPLICABLE)

PREMIUM CENTER (FULL COLOR) Limited Space!	\$800		
PREMIUM DOUBLE PAGE CENTER (FULL COLOR)	\$1600		
CENTERFOLD (FULL COLOR) Left <input type="checkbox"/> Right <input type="checkbox"/>	\$1200		Check box for Left or Right side
INSIDE FRONT COVER (FULL COLOR)	\$1700		
INSIDE BACK COVER (FULL COLOR)	\$1700		
OUTSIDE BACK COVER (FULL COLOR)	\$2200		

- ◆ Artwork must be in jpeg or PDF format
- ◆ Make all checks payable to: SOAFI/TPA & MEMO: THEATRE AD BOOK attn: Katherine
- ◆ Complete this form, attach check or credit card info below, and a hard copy of artwork. Turn in to student (place in mailbox outside Ms. Petrucci's office) or email to [dsoaplaybill@gmail.com](mailto:dsoaplaybill@gmail.com)
- ◆ **If ordering a premium page, email form to [dsoaplaybill@gmail.com](mailto:dsoaplaybill@gmail.com)**

### STUDENT/PARENT INFORMATION

STUDENT: \_\_\_\_\_

GRADE: \_\_\_\_\_

PHONE: \_\_\_\_\_

PARENT: \_\_\_\_\_

PHONE: \_\_\_\_\_

### CREDIT CARD INFORMATION

Please write legibly

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

Telephone: \_\_\_\_\_

VISA  MASTERCARD  AMEX

EXP DATE: \_\_\_\_\_

AMOUNT: \$ \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_

CARD CVV/Security # \_\_\_\_\_

BILLING ADDRESS: (Incl ZIP) \_\_\_\_\_

