



**Thank you for placing an ad in our concert programs.
Please fill out the following. Order Form**

Company Name: _____

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

I wish to place an ad in the indicated size and number of concerts:

- Full Page Ad - 7" w x 8.5" h** (Allow for 1/8" bleed if printing to edge)
- Full Season, 9 Concerts (2 Oct, 2 Dec, 3 Mar, 2 May) \$550.00 \$ _____
 - 6 Concerts (2 Dec, 2 Mar, 2 May) \$425.00 \$ _____
 - 4 Concerts (2 Mar, 2 May) \$300.00 \$ _____
 - 2 Concerts (2 May) \$175.00 \$ _____

- Half Page Ad - 7" w x 4.25" h**
- Full Season, 9 Concerts (2 Oct, 2 Dec, 3 Mar, 2 May) \$450.00 \$ _____
 - 6 Concerts (2 Dec, 2 Mar, 2 May) \$350.00 \$ _____
 - 4 Concerts (2 Mar, 2 May) \$250.00 \$ _____
 - 2 Concerts (2 May) \$150.00 \$ _____

- Business Card Size - 3.5" w x 2" h**
- | | Cost | Amount |
|---|----------|----------|
| <input type="checkbox"/> Full Season, 9 Concerts (2 Oct, 2 Dec, 3 Mar, 2 May) | \$250.00 | \$ _____ |
| <input type="checkbox"/> 6 Concerts (2 Dec, 2 Mar, 2 May) | \$200.00 | \$ _____ |
| <input type="checkbox"/> 4 Concerts (2 Mar, 2 May) | \$150.00 | \$ _____ |
| <input type="checkbox"/> 2 Concerts (2 May) | \$100.00 | \$ _____ |

- I wish to have my ad printed in color for an additional** \$100.00 \$ _____

Signed _____ Date _____ Total \$ _____

Please make check payable to: **Cherry Creek Chorale**
 Send a copy of this form & your check to: **P.O. Box 3272**
 Or deliver to CCC Treasurer **Greenwood Village, CO 80155-3272**

Submit your ad file in PDF format to info@cherrycreekchorale.org
 Or enclose your business card that can be scanned for publication purposes.
 Orders must be received 15 working days prior to concert dates.
 For further information or questions contact: info@cherrycreekchorale.org