

INTRODUCTORY OFFER



ORDER FORM

Advertiser _____

Contact person _____

Address _____

Phone _____

Email _____

___ Full Page 6 1/4" x 8" (~~\$125.00~~) \$75.00 ___ 1/2 Page 6 1/4" x 4" (~~\$75.00~~) \$45.00
___ 1/4 Page 3 1/8" x 4" (~~\$45.00~~) \$30.00 ___ 1/8 Page 3 1/8" x 2" (~~\$30.00~~) FREE

Payment received CASH CHECK NEED TO BILL

Camera ready ad enclosed

Please create an ad with the attached information

Art enclosed

Copy enclosed

Business card attached

Will be mailed/emailed
jvp56@hotmail.com

Will be made available for pick up

Date picked up _____

Send payment to:

Lake Region Community Theatre
PO Box 221
Casco, ME 04015

We would like to receive ads by July 8.