



ADVERTISING CONTRACT FOR HEADDRESS BALL 2012 PLAYBILL

_____ (ADVERTISER)

Hope and Help Center shall publish the Headdress Ball 2012 playbill. The advertiser agrees to purchase advertising space in the playbill. The advertiser shall provide Hope and Help Center with artwork in black and white, digital .gif, .jpg, or .eps format (less than 2 meg.) for the purpose of publishing the playbill. All artwork, restructuring, and changes are a separate fee of \$20.00. Unless otherwise noted, ad placement is at the discretion of Hope and Help Center. **ALL final artwork is due to Devin Dominguez at the Hope and Help Center NO LATER than MONDAY, AUGUST 20, 2012 by 5pm.**

Advertisement Selected _____

Purchase Price _____

Please make all checks payable to Hope and Help Center of Central Florida, Inc.

Advertiser's Contact Name _____

Advertiser's Company Name _____

Advertiser's Address Line 1 _____

Advertiser's Address Line 2 _____

Advertiser's Phone Number _____

Advertiser's Alternate Phone Number _____

Advertiser's Email Address _____

SUBMIT VIA EMAIL: events@hopeandhelp.org

SUBMIT VIA FAX: (407) 645-1570

ATTENTION: Devin Dominguez
HOPE AND HELP CENTER
1935 WOODCREST DRIVE
WINTER PARK, FL 32792

PLEASE CONTACT-Devin Dominguez at (407) 645-2577 x111 FOR MORE INFORMATION.



Headdress Playbill Payment Form

METHOD OF PAYMENT

_____ Inside Middle (Color) (centerfold of playbill)	11 X 8 ½"	\$1,500
_____ Front Inside Cover (Color)	5 ½ x 8 ½"	\$1,000
_____ Back Inside Cover (Color)	5 ½ x 8 ½"	\$1,000
_____ Full Page (Color)	5 x 8"	\$750.00 (limited # available)
_____ Full Page	5 x 8"	\$500.00
_____ Half Page	5 x 3 ¾"	\$300.00
_____ Third Page	5 x 2 ½"	\$200.00
_____ Business Card	2 x 3"	\$100.00

_____ Visa _____ MasterCard _____ AMEX Validation # _____ Exp Date _____

Card Number _____

Name as it appears on card _____

Signature _____

Billing Address on Card _____

Company Name _____

Telephone (_____) _____ Fax (_____) _____

Where did you hear about Headdress Ball?

Please mail or fax reservation form to – Devin Dominguez, Event Manager
 Hope and Help Center of Central Florida
 1935 Woodcrest Dr., Winter Park, FL 32792, Fax: (407) 645-1570
 For more information call (407) 645-2577 x111.

FOR AGENCY USE ONLY

Date Received _____

\$ _____ *Amount Paid*

Authorization Code _____