



# BLUE RIDGE FALL RACES

## September 19, 2009

### Program Advertising Contract

STEEPLECHASE

Please use this form to reserve your Race Day Program Advertisement.

#### STEP 1

Select Ad Size Location

Size/Location	Bus. Card 3.25" x 2"	Half Page 3.25" x 4"	Full Page 3.25" x 8"	White Page Opposite Blue Page 3.25" x 8"	Blue Page Bus. Card 3.25" x 2"	Blue Page Half Page 3.25" x 4"	Blue Page Full Page 3.25" x 8"	First or Last Blue Page 3.25" x 8"	Inside Front or Back Cover 3.25" x 8"	Back Cover 3.25" x 8"	Center Spread 3.25" x 8"
Price	\$75.00	\$125.00	\$175.00	\$200.00	\$125.00	\$175.00	\$250.00	\$300.00	\$250.00	\$500.00	\$450.00
Check Only One											

#### STEP 2

Enter Advertiser Information

Name or Company	
Address	

#### STEP 3

Enter Contact Information

Name of Contact	
Telephone Number	
Fax Number	
Email Address	

#### STEP 4

Authorization

Signature	
Date	

#### STEP 5

Indicate Artwork Instructions

Will be Providing New artwork	Use Last Years Ad & Artwork	Artwork is Attached Camera Ready B/W	Artwork is Electronic Emailed to Printer	Artwork to Follow (Enter Date) Emailed or Mailed

Notes:

- PLEASE ATTACH CAMERA-READY COPY TO THE SPECIFICATIONS (SEE ABOVE). PLEASE ADD \$25.00 LAYOUT AND TYPESETTING FEE ON ALL ADS THAT ARE NOT CAMERA-READY. EMAIL ADS TO: [cheryl@creativeprintsolutions.org](mailto:cheryl@creativeprintsolutions.org) ACCEPTED FILES: HIGH RESOLUTION .PDF, .JPEG, .TIF, AND .EPS ALL FONTS CONVERTED TO CURVES. Any questions on any other files please contact Cheryl Buckley-Francis at Creative Print Solutions ~ 540-247-9910. On the subject line please put BLUE RIDGE FALL RACES and YOUR COMPANY NAME.
- ADS WILL NOT BE PRINTED WITHOUT PRIOR PAYMENT.**
- Deadline for artwork and payment is August 28th, 2009.
- Make checks payable "Blue Ridge Hospice".
- Forward Advertising Contract and checks to:

Blue Ridge Hospice  
c/o Cheryl Ringer  
333 West Cork Street, #405  
Winchester, Virginia 22601

<input type="checkbox"/> Master Card <input type="checkbox"/> Visa Name _____ Co. Name _____ Street # _____ Zip _____ Acct. # _____ Expires: _____ Digits on Back _____
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All proceeds benefit...

