

## ADVERTISER INFORMATION

Business Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

### — PLEASE REVIEW YOUR OPTIONS BELOW AND SELECT THE BEST ONE FOR YOU —

#### OPTION #1

##### BLACK & WHITE

For all ten 2021/22 SLT and SYT productions

- FULL PAGE**      **\$800**      Includes 4 Season Tickets
- HALF PAGE**      **\$500**      Includes 2 Season Tickets
- QUARTER PAGE**      **\$250**      Includes 1 Season Ticket

#### OPTION #2

##### COLOR

For all ten 2021/22 SLT and SYT productions

- FULL PAGE**      **\$1200**      Includes 4 Season Tickets
- HALF PAGE**      **\$700**      Includes 2 Season Tickets
- QUARTER PAGE**      **\$350**      Includes 1 Season Ticket

#### OPTION #3

##### COLOR SPECIAL

For all ten 2021/22 SLT and SYT productions

- BACK COVER**      **\$2000**      Includes 6 Season Tickets
- INSIDE FRONT COVER**      **\$1600**      Includes 6 Season Tickets
- INSIDE BACK COVER**      **\$1600**      Includes 6 Season Tickets
- INSIDE FACING COVER**      **\$1600**      Includes 6 Season Tickets

- COLOR SPECIAL AD SPACE IS LIMITED. CHECK IF YOU WOULD LIKE TO BE CONTACTED AS TO AVAILABILITY.**

#### AD SIZE SPECS

Please note the following ad sizes

- FULL PAGE**      **4.8" x 7.5"**
- HALF PAGE**      **4.8" x 3.7"**
- QUARTER PAGE (Horizontal)**      **4.8" x 2.2"**
- QUARTER PAGE (Vertical)**      **2.38" x 3.7"**

High resolution artwork (PDF preferred) must be submitted to [jbonner@spartanarts.org](mailto:jbonner@spartanarts.org) by August 20, 2021

## HOW TO PAY

**TO PAY BY CASH/CHECK:** Spartanburg Little Theatre    200 E. Saint John St.    Spartanburg, SC 29306

**TO PAY BY CREDIT CARD:** 864.585.8278 or fill out the information below and mail to the above address.

**TO PAY ONLINE:** Visit [www.spartanburglittletheatre.com](http://www.spartanburglittletheatre.com)

**PLEASE INVOICE NOW**     **PLEASE INVOICE AFTER JULY 1, 2021**

CASH ENCLOSED     CHECK ENCLOSED

CREDIT CARD:     VISA     MASTERCARD     DISCOVER     AMEX

NAME ON CARD: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_    EXPIRATION DATE: \_\_\_\_\_ / \_\_\_\_\_

FOR OFFICE USE ONLY: ORDER DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    CONFIRMATION/CHECK # \_\_\_\_\_    STAFF INITIALS \_\_\_\_\_