

Alexander W. Dreyfoos School of the Arts

Annual Theatre Program 2023-2024

AD Deadline: Friday September 22, 2023

Company Name: _____ **Phone Number:** _____

Contact Name: _____ **Email:** _____

- The Dreyfoos Theatre Department reserves the right to edit for content. Placement determined by editor.
- Premium Pages are in FULL COLOR. All others are in BLACK & WHITE. Check box where applicable.
- All Ads MUST have correct orientation and size as indicated below and be either a **High Resolution** jpg or pdf file.
- **Please email this form and artwork** (jpg or pdf file) to: dsoaplaybill@gmail.com by **September 22**.
- **Premium pages are filled on a first-come basis, based on when the form is received. Limited Space- Reserve Your Spot Now!**
- The Program book is in Hard Copy and Digital Form.

AD SIZE & ORIENTATION (Black & White)	FULL PRICE	TOTAL	NOTES
BUSINESS CARD: 3 ½" x 2 ¼" (Landscape)	\$80		Include copy of business card or pdf/jpg
QUARTER PAGE: 3 1/2"w X 4 3/4"h (Portrait)	\$160		
HALF PAGE: 7 1/4"w X 4 1/4"h (Landscape)	\$260		
FULL PAGE: 7 1/4"w X 9 1/2"h (Portrait)	\$520		
DOUBLE PAGE: 7 1/4"w X 9 1/2"h x (2) (Portrait)	\$1040		
PREMIUM PAGES (Full Color)			
PREMIUM (FULL COLOR) - Limited Space!	\$800		
PREMIUM DOUBLE PAGE (FULL COLOR)	\$1600		
CENTERFOLD (FULL COLOR) Left <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> SOLD	\$1200		Check box for Left or Right side
INSIDE FRONT COVER (FULL COLOR) SOLD	\$1700		
INSIDE BACK COVER (FULL COLOR) SOLD	\$1700		
OUTSIDE BACK COVER (FULL COLOR) SOLD	\$2200		

STUDENT/PARENT INFORMATION

STUDENT: _____ GRADE: _____

PARENT: _____ PHONE: _____

PAYMENT INFORMATION

• **If paying by check:** Make check payable to: **School of the Arts Foundation** Write in MEMO: **THEATRE PROGRAM AD/TPA** Then mail check AND a copy of this form to: **School of the Arts Foundation Inc., Attn: Theatre Program AD, P. O. Box 552, WPB, FL 33402** Then email this form and artwork by the Ad Deadline to: dsoaplaybill@gmail.com

• **NAME ON CHECK:** _____ • **CHECK NUMBER:** _____

• **If paying by credit card:** Click on the link below to enter your credit card information.

<https://soafi.org/product/Theatre2023/theatre-department-advertising-2023>

**At the top right hand corner of the screen choose the dollar amount you wish to purchase.

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• **NAME ON CREDIT CARD:** _____