

ST. LOUIS NATIONAL CHARITY HORSE SHOW
PROGRAM ADVERTISING CONTRACT

Advertiser _____

Contact person _____

Address _____

City _____ State _____ Zip _____

Telephone number _____ Fax _____

E-mail address _____

**Art and copy for Program Advertising must be submitted to the Program Advertising Chairman
NO LATER THAN August 15th.**

4 Color Ads

- | | |
|--|------------|
| <input type="checkbox"/> Front Cover | Horse Show |
| <input type="checkbox"/> Back Cover | \$1,750* |
| <input type="checkbox"/> Inside Front Cover | \$1,250* |
| <input type="checkbox"/> Inside Back Cover | \$1,000* |
| <input type="checkbox"/> Two Page Spread | \$1,300* |
| <input type="checkbox"/> Special Position, Full Page | \$850* |
| <input type="checkbox"/> Full Page | \$700* |
| <input type="checkbox"/> Center 4-Color Foldout | \$1,500* |
| <input type="checkbox"/> Bookmark, 4-Color | \$1,500* |

Black & White Ads

- | | |
|---|-------|
| <input type="checkbox"/> Special Position, Full Page | \$475 |
| <input type="checkbox"/> Special Position, Half Page with Index | \$350 |
| <input type="checkbox"/> Two Page Spread | \$600 |
| <input type="checkbox"/> Full Page | \$325 |
| <input type="checkbox"/> Half Page | \$225 |
| <input type="checkbox"/> Quarter Page | \$175 |
| <input type="checkbox"/> Filler/Business Card Size | \$50 |
| Second Color | |
| <input type="checkbox"/> Full Page | \$450 |

* Plus the cost of Color Separations if not furnished by the advertiser.

Same Ad as Last Year? _____ or _____ **email ad copy to Kari Palutis at palutisk@osborn-barr.com**

The charges listed above represent space costs only. Whenever possible, advertisers should furnish camera-ready art and copy, including 4-color separations for 4-color process ads. If art and production services are required, charges for these services may be billed at no cost to the advertiser.

Method of payment – (Gifts are tax deductible according to the amount allowed by law)

_____ mail your check to: **The St. Louis National Charity Horse Show**
15 Red Bud Drive, Pacific, MO 63069

_____ or you can fax your form to: **Marilyn Trokey at 636 587 2432**

_____ Credit Card. ___ M/C ___ VISA _____

Exp. date _____ Name as it appears on the card _____

Signature: _____

For Horse Show Use Only

Donation Solicited by: _____ **Date:** _____

Amount \$ _____ **Date Received** _____ **Acknowledged** _____