

Alexander W. Dreyfoos School of the Arts Annual Theatre Program 2024-2025

AD Deadline: Friday, September 20, 2024

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

Contact Name: _____ **Email:** _____

- The Dreyfoos Theatre Department reserves the right to edit for content. Placement determined by the 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 20th**.
- **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 1/2" x 2 1/4" (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"hx (2) (Portrait)	\$1040		
PREMIUM PAGES (Full Color)			
PREMIUM (FULL COLOR) - Limited Space!	\$800		
PREMIUM DOUBLE PAGE (FULL COLOR)	\$1600		
CENTERFOLD (FULL COLOR) Left <input type="checkbox"/> Right <input checked="" type="checkbox"/>	\$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:** Please go to the School of the Arts Foundation Inc. website click to enter your credit card information <https://soafi.org/product/Theatre2024/theatre-department-advertising-2024>
- Then email this form and artwork by the Ad Deadline to: dsoaplaybill@gmail.com
- **NAME ON CREDIT CARD:** _____