

2024-2025 Program Advertising Order Form

Business Name: _____

Address: _____

Contact Name: _____

Phone: _____

e-mail: _____

Please choose your Ad size below and return this form with your payment to:

The Masquers, Inc.
616 North 8th Street
Manitowoc, WI 54220

Please submit Ad copy via e-mail to:
info@themasquers.org

Advertising Options	Size	B & W	Color
Back Cover <i>(full-page color)</i>	5" x 8"	N/A	<input type="checkbox"/> \$750
Full-Page	5" x 8"	<input type="checkbox"/> \$525	<input type="checkbox"/> \$585
1/2 Page	5" x 4"	<input type="checkbox"/> \$300	<input type="checkbox"/> \$360
1/3 Page	5" x 2.67"	<input type="checkbox"/> \$255	<input type="checkbox"/> \$315
1/4 Page	2.5" x 4"	<input type="checkbox"/> \$210	<input type="checkbox"/> \$270
1/6 Page	5" x 1.33"	<input type="checkbox"/> \$150	<input type="checkbox"/> \$210