

ARTLIGHTS – October 25, 2018 5:30 p.m.

Underwriting Information

NAME _____
COMPANY _____
ADDRESS _____
CITY/STATE/ZIP _____
PHONE _____ EMAIL _____

YOU HAVE A CHOICE OF:

(Camera ready artwork is due October 1st , email to maslowskic@southbendart.org, details on reverse side)

SPONSORSHIP

- | | |
|--|---------------|
| <input type="checkbox"/> TICKETS FOR 8 | \$1800 |
| Includes preferred seating, dinner for 8, full page ad in the program, and recognition on museum's website | |
| <input type="checkbox"/> TICKETS FOR 6 | \$1500 |
| Includes preferred seating, dinner for 6, full page ad in the program, and recognition on museum's website | |
| <input type="checkbox"/> TICKETS FOR 4 | \$1200 |
| Includes preferred seating, dinner for 4, full page ad in the program, and recognition on museum's website | |

PROGRAM ADS

- | | |
|--|--------------|
| <input type="checkbox"/> Center Page (B&W) | \$500 |
| <input type="checkbox"/> Back Cover (Full Color) | \$500 |
| <input type="checkbox"/> Inside Back Cover (Full Color) | \$500 |
| <input type="checkbox"/> Inside Front Cover (Full Color) | \$500 |
| <input type="checkbox"/> Full Page Ad (B&W) | \$400 |
| <input type="checkbox"/> Half Page Ad (B&W) | \$300 |

HONOREE TRIBUTE

QUARTER PAGE AD **\$125**

- In honor of **Bill Tourtillotte**
- In honor of **Rob DeCleene**
- In honor of **Joe & Maggie Kernan**

PAYMENT IS ENCLOSED _____ PLEASE INVOICE ME _____
CREDIT CARD _____ EXP. DATE _____ CVV CODE _____
SIGNATURE _____