

Salem Pops Orchestra

P.O. Box 5794
Salem, OR 97304-0794

Advertising Agreement (Buyer copy)

Organization: _____
Agrees to advertise in the Programs for the 2007-
2008 Salem Pops Orchestra season

Address: _____

Contact Person: _____

Title: _____

Telephone: _____

Email: _____

Concert	1	2	3	4	Total
Full	\$250	\$250	\$250	\$250	_____
Half	\$150	\$150	\$150	\$150	_____
1/4	\$ 80	\$ 80	\$ 80	\$ 80	_____
1/8	\$ 40	\$ 40	\$ 40	\$ 40	_____
Line	\$ 25	\$ 25	\$ 25	\$ 25	_____

Total _____
Special: 4 concerts for the price of 3!

___ Option A: Computer-ready file (pdf, jpg, gif, doc) and payment enclosed

___ Option B: Computer-ready file (pdf, jpg, gif, doc) and payment 3 weeks before concert.

___ Option C: We can re-run your previous ad.

___ Option D: We can scan your hard copy

Signature _____

Date: _____

Pops Representative: _____

Thank you for your support!

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