

Miss Tri Valley Scholarship Organization
Program Book
Advertising Order Form

INFORMATION (Required)		
Business Name:		Contact Person:
Address: City, State & Zip		
Business Phone: () ()	Alternate Phone: () ()	Email:

AD SIZE: (Required)		
Page Location & Pricing		ARTWORK REQUIREMENTS: Ads submitted in color will be printed in black and white Color ads submitted = no quality guarantee = AS IS Camera ready artwork for scanning – required Digital artwork – file type listed below Do not submit ripped, torn or dirty artwork Artwork submitted = AS IS Artwork repair/creation by request: \$55 per hour Artwork returned upon written request Mail to: 13599 SW Lauren Ln., Portland OR 97223 NO REFUNDS OR EXCHANGES
	AD PAGE	
Full Page	<input type="checkbox"/> \$300 7.5x 10.5 in	
Half Page		
Horizontal	<input type="checkbox"/> \$200 4 x 6 in	
Vertical	Not available	
Quarter Page		
Horizontal	<input type="checkbox"/> \$150 4.25 x 3 in	
Vertical	Not Available	
Business Card – All business cards will be mounted on a standard black border (4.25 x 2)		
Horizontal	<input type="checkbox"/> \$50 3.5 x 2 in	
Vertical	<input type="checkbox"/> \$50 3.5 x 2 in	

ARTWORK INFORMATION: (Required)		EMAIL ARTWORK TO misstrivalleydirector@gmail.com											
Submitting: <input type="checkbox"/> Digital artwork – disk attached (See Digital File Type) <input type="checkbox"/> Digital artwork – via email: misspdxdirector@gmail.com <input type="checkbox"/> Business card (Color artwork will be scanned black & white) <input type="checkbox"/> Camera ready artwork <input type="checkbox"/> Other – Specify: _____		Digital File Type: Resolution 300 DPI <table border="1"> <tr><td></td><td>.jpg</td></tr> <tr><td></td><td>.ai</td></tr> <tr><td></td><td>.tif</td></tr> <tr><td></td><td>.pdf</td></tr> <tr><td></td><td>.eps</td></tr> </table>			.jpg		.ai		.tif		.pdf		.eps
	.jpg												
	.ai												
	.tif												
	.pdf												
	.eps												
ARTWORK SUBMISSION DUE DATE: March 17, 2019													

Contestant Information: (If applicable)		
Contestant Name:	Program: Miss Teen	Phone Number

Payment Information: (Required)		PAYMENT DUE AT TIME OF ORDER	
Cash/Paypal (misslanecounty@gmail.com)		Amount: \$	
Check No.		Amount: \$	
Name:			
Address:			
City		State	Zip
Phone:			
Email:			
Please make checks payable to: MLCSP			

Official Use Only:								
Page #:	Ad Size	Type:	Orientation:	PB Address:	Artwork:	Payment	Recorded:	Copy
					Emailed On File	Scanned Final	Cash Check	

Customer Receipt:				EMAIL ARTWORK TO: misstrivalleydirector@gmail.com			
Ad Size: F H Q B	Ad Dimension: x	Location:	Date:	Miss Tri Valley Scholarship Organization Contact: Sheryl Ponsness, Co-Executive Director Mailing Address: 13599 SW Lauren Lane Portland, OR 97223 503-998-3444 www.msslanecounty.org Tax ID: 931226127			
Amount Paid:	Ad Type: AD	Salute	Payment Method: Cash Check				
Contestant or Pageant Rep. Contact:			Phone:				
Artwork DUE:							