

## Advertising Agreement: Actors Co-op 2022-2023 Playbill

I, the undersigned, have agreed to purchase an Ad that will be placed in the 2022-2023 Actors Co-op Playbill, produced by Actors Co-op and distributed to patrons at 2 Main Stage production of the 2022-2023 season.

By my signature, I agree to the following:

1. **All ad images are due no later than February 10th, 2023.** Submit image files in TIFF format, 300 dpi via e-mail: **boxoffice@actorsco-op.org**. Questions? Please call 323-462-8460.
2. Cancellation must be made by February 10th, 2023. There will be no refunds after February 20th, 2022.
3. **Advertising must be prepaid by Check or Visa or MasterCard by February 10th, 2023.**  
 \*Please make checks payable to "Actors Co-op" and mail with Ad Agreement to the Co-op business office address below.  
 \*Ad Agreements with Credit Card information can be e-mailed or mailed to the Co-op business office address below. Please be sure to include your signature.

**The ad will have the specification indicated below (please check):**

Placement	Size	Dimensions	Duration	Price	Qty	Total
Playbill: Outside Back Cover	Full Page	5 1/2" x 8 1/2"	All Season	\$ 600		
Playbill: Inside Front Cover	Full Page	5 1/2" x 8 1/2"	All Season	\$ 450		
Playbill: Inside Back Cover	Full Page	5 1/2" x 8 1/2"	All Season	\$ 450		
Playbill: Inside	Full Page	5 1/2" x 8 1/2"	All Season	\$ 300		
Playbill: Inside	1/2 page	4 1/2" x 5 1/2"	All Season	\$ 200		
Playbill: Inside	1/4 page	2 3/4" x 4 1/2"	All Season	\$ 150		
Playbill: Inside	1/8 page	2 1/8" x 2 3/4"	All Season	\$ 100		
Website: Homepage	Web banner	1" x 10"	1 Month	\$ 325		
Website: Sponsor	Sponsor Page	1" x 1"	All Season	\$ 144		
Pre/Post Show Email	Graphic in email	900 x 900	Per Show	\$65		
Pre/Post Show Email	Link and Mention	N/A	Per Show	\$30		

Other Instructions: \_\_\_\_\_

**GRAND TOTAL:** \_\_\_\_\_

Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Street or PO Box                      City State Zip

Method of Payment: Check (payable to Actors Co-op)      Website \_\_\_\_\_

Charge: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_ Sec. Code \_\_\_\_\_

Account # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signature (if charged) \_\_\_\_\_

1760 N. GOWER STREET, HOLLYWOOD, CA 90028