

CMSSL 2016-17 Program Booklet Advertising Order Form

Date: _____

Name: _____

Phone: _____ Email: _____

Company: _____

Do you have a logo or Ad you'd prefer we use? _____

Please mail your Ad or logo with this form.

Would you like to have our artist create your logo for you? _____

Options (check one)

_____ All remaining concerts (5) full-page color- \$300

_____ All remaining concerts (5) full-page black & white- \$200

_____ All remaining concerts (5) half-page color- \$150

_____ All remaining concerts (5) half-page black & white- \$100

_____ February 20th and 21st, April 24th and 25th, or May 1st full-page black & white- \$80 or full-page color- \$120 (circle month and black & white or color)

_____ February 20th and 21st, April 24th and 25th, or May 1st half-page black & white- \$40 or half-page color- \$60 (circle month and black & white or color)

Make your check payable to CMSSL, and submit with this form.

Pay with credit card? Mastercard Visa Discover (circle one)

Name on card _____

16 digit # _____ Exp. date _____ Security code _____

Total Ad purchase _____

Artist request _____

Total _____

****All requests must be received three weeks prior to the concert date****

Mail: CMSSL, 3526 Washington Ave., Second Floor, St. Louis, MO 63103

Questions? Contact Jim Wehrman at jim@chambermusicstl.org

