



# Resource Directory Application

Mail to: Resource Directory c/o The Diversity Center, PO Box 8280, Santa Cruz, CA 95061  
or email to: [advertise@diversitycenter.org](mailto:advertise@diversitycenter.org) or Fax to: (831) 425-0743  
[www.diversitycenter.org](http://www.diversitycenter.org) (831) 425-5422

Name of Business or Organization: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Web Address: \_\_\_\_\_

**Due to increased printing and distribution costs, we are only able to offer free listings to Non-profit Organizations and Groups. 150 characters of descriptive text are included with a standard listing.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Advertising

<input type="checkbox"/> Full Page	\$375	6.25" wide by 7.375" tall
<input type="checkbox"/> Half Page Vertical	\$225	3" wide by 7.375" tall
<input type="checkbox"/> Half Page Horizontal	\$225	6.25" wide by 3.625" tall
<input type="checkbox"/> Quarter Page	\$150	3" wide by 3.625" tall
<input type="checkbox"/> Business Card Vert.	\$125	2" wide by 3.625" tall
<input type="checkbox"/> Business Card	\$100	3.25" wide by 1.75" tall
<input type="checkbox"/> Coupon	\$45	(\$100 without advertisement)

## Cost Calculation

Listing \$25 (Free for non-profits & advertisers):	\$ _____
Extra text \$5 per 50 characters:	\$ _____
Advertisement:	\$ _____
Coupon:	\$ _____
<b>Total:</b>	<b>\$ _____</b>

Please bill me.

I've enclosed my check.

Please charge my credit card:

Payment by Credit Card:  Visa  MasterCard

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_; Exp. Date. \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Or include a check (payable to The Diversity Center) \$ \_\_\_\_\_

The Diversity Center is dedicated to building a diversity community, promoting health and wellbeing, and advancing social justice for lesbian, gay, bisexual, transgender, intersex, and questioning individuals and their allies in Santa Cruz County.

**o I affirm my understanding and support of the statement above and** acknowledge that I am an authorized representative of the applicant organization and agree to the terms and conditions herein:

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

Print Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

We reserve the right to refuse service to anyone.