



Pride Santa Cruz Program Ad Application

Deadline for program ad copy is May 4, 2009

Mail to: Pride Program c/o The Diversity Center, PO Box 8280, Santa Cruz, CA 95061

or **email to:** ads@santacruzpride.org or **Fax to:** (831) 425-0743

www.santacruzpride.org (831) 427-4009

Name of Business or Organization: _____

Contact Person: _____

Address: _____

City: _____ State _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Web Address: _____

Ad size:

Full Page (7.75"H x 4.75"W) \$150

Half Page Horiz. (3.75"H x 4.75"W) \$100

Quarter Page (1.8"H x 4.75"W) \$65

Coupon (two-sided Quarter Page) (1.8"H x 4.75"W) \$120

For Businesses who do not have access to a graphic artist, graphic design assistance is available at \$50 an hour (30 minute billing intervals). Advertiser must provide text (in a text file, Microsoft Word, Simple Text or e-mail file), and art work (logo, photo, or graphic) in an electronic file or as flat art. Basic ad layout cost: \$25 to \$50 (depending on elements provided and design needed). Logos and concept illustrations are available at an additional cost.

Art work must be provided in PDF (preferred), EPS (with founts converted to outlines or embedded), or a TIFF or JPEG format. Final ads must be 300 dpi resolution, grey-scale, and in the finished output size.

Payment by Credit Card: Visa MasterCard

Name on Card: _____

Card Number: ____ - ____ - ____ - ____; Exp. Date. _____

Amount to charge: \$ _____

Cardholder Signature: _____

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

Pride Santa Cruz strives to promote our visibility and increase our feelings of self-esteem while providing a common ground for **exchanging information, building community and having fun. This day celebrates our positive contributions, our diverse sexualities**, our cultures, our families, our accomplishments, our individuality and our on-going struggle for civil rights and liberation.

I affirm my understanding of and agreement with 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.