

Kō Festival of Performance

2018 KOFEST PROGRAM AD AGREEMENT & INVOICE

Date: _____ Name of KoFest Contact: _____

Name of Advertiser: _____

Mailing/Street Address: _____

Website URL: _____

Contact Person Name: _____

Land Phone: _____ Cell Phone: _____

E-mail: _____

Please check desired ad size:

Size chosen	Ad Size	Dimensions	Cost
	1/4 page (Business card size)	3 1/2" w x 2" h	\$89
	1/3 page	5" w x 2.5" h	\$119
	1/2 page	5" w x 4" h	\$159
	Full page	5" w x 8" h	\$249
	Back / Inside Cover or Centerfold	5" w x 8" h	\$425

Reservations are due by June 22 and camera-ready ad copy is due by June 29. If we are going to be designing or updating an ad for you, that copy is due June 26.

*** Please note that we must add a 10% surcharge for ads not paid in full by 7/30/18.**

If you have questions, please email Carmela@kofest.com. You may also call her at 503-750-1439.

Checks should be made out to: "Ko Theater Works, Inc." and mailed to PO Box 137, Amherst, MA 01004. You can also arrange for pickup by contacting Carmela at Carmela@kofest.com.

Advertiser Signature _____ Title: _____

Print Name: _____ Date: _____

For more on the season visit www.kofest.com.

****Please note this form is both your order and your invoice.****