



2261 Market St., PMB 225
 San Francisco, CA 94114
 415.820.1403
 info@stompede.com
 www.stompede.com

PROGRAM ADVERTISING APPLICATION

Application Deadline: August 31, 2017

Business Name: _____ Contact Person: _____

Mailing Address: Street _____

City _____ State: _____ ZIP Code: _____

Telephone: _____ - _____ - _____ E-mail: _____

✓ check your choice	Size/Location	Dimensions (horiz x vert)	Price	-20% ⁽¹⁾
<input type="checkbox"/>	Outside Cover	5.5" x 8.5" ⁽²⁾	\$500	n/a
<input type="checkbox"/>	Inside Front/Back Cover	5.5" x 8.5" ⁽²⁾	\$350	n/a
<input type="checkbox"/>	Inside Facing Cover	5.5" x 8.5" ⁽²⁾	\$300	n/a
<input type="checkbox"/>	Inside Full Page	5" x 8"	\$200	\$160
<input type="checkbox"/>	Half Page	5" x 3.9"	\$125	\$100
<input type="checkbox"/>	Quarter Page Vertical	2.4" x 3.9"	\$75	\$60
<input type="checkbox"/>	Quarter Page Horizontal	5" x 1.9"	\$75	\$60
<input type="checkbox"/>	Eighth Page	2.4" x 1.9"	\$50	\$40

⁽¹⁾ 20% discount for 501c3 nonprofits organizations.

⁽²⁾ Cover and facing page ads add 1/8-inch bleed on each side: total dimension 5.75"h x 8.75"v.

If you would like us to design an ad for you, please add \$50 to your ad price.

Total amount submitted: \$ _____

ALL prices based upon camera-ready/electronic advertisements supplied by the advertiser. **IMPORTANT: Minimum resolution 300 dpi.** CMYK color mode. Preferred electronic format is .pdf. Also acceptable are .tif, .ai, .psd, .jpg, and .gif. Illustrator files must be flattened with placed files embedded and text outlined. Cover and facing page ads require 1/8-inch bleed.

Please make your check or money order payable to **The Sundance Association**. Return the application, payment and ad copy by **August 31, 2017** to:

The Sundance Stompede
 2261 Market St., PMB 225
 San Francisco, CA 94114

STATEMENT OF POLICY

All advertising is subject to approval of the publisher and subject to availability of print space. All fees and payments are due with the delivery of advertisement copy, or by space deadline, whichever comes first. The publisher shall reimburse the full cost of any advertisement that is not published due to publisher's error. Cancellation or changes must be submitted in writing and may not be made by the advertiser after space deadlines. Position of advertising is at the discretion of the publisher. The advertiser is responsible for claims and facts presented for publication and will assume full responsibility for any false information.

I have read and agree to the terms and conditions stated within this contract.

Signed: _____ Date: _____

Print Name: _____ Title: _____

Business or Organization: _____

For questions, contact Dave Hayes at 415-738-4929 or dave@stompede.com,
 or Ingu Yun at 415-308-9069 or ingu@stompede.com