

2017-2018 PROGRAM ADVERTISEMENT

Company Name: _____

Contact Name:				
Email: Phone:				
Please check if yo	ou would like to be ad	ded to the UCA Theatre e-mail list.		
Address:				
City, State, Zip:				
Full Page: 8.5" x 5.5"	\$250	Half Page: \$150 4.25" x 5.5"	Quarter P 4.25" x 2.25	age: \$100
This option		er Arkansas theatres. UCA The pace in your season program.	atre will run your ad in	our season
Specifications:				
 Payment m 	ust be received by	September 15, to be in the fi	rst program.	
 Ads need to 	be emailed to me	<u>lissap@uca.edu</u> by Septembe	r 15, to be in the first p	rogram.
• Ads should	be in .jpg, .png, or	.eps format and at 300 dpi.		
includes:	s for the full season;	however, you can opt out of an		2018 Season
Devised Theatre		Three Days of Rain Arms and the Man		
Total Price: \$				
Check (Plea	se make checks pa	ayable to UCA Theatre Found	ation.)	
Visa	Master Card	American Express	Discover	
Name as it appears	on the card:			
Card Number:				
Expiration Date:	on Date:CVV Code:		Zip Code:	
Signature:			Date:	
If you have any	auestions nlease	contact Melissa Pearson. UCA	Theatre Business Man	lager, at

If you have any questions, please contact Melissa Pearson, UCA Theatre Business Manager, at melissap@uca.edu.

