

Student Representative: _____ Date: _____

PROGRAM ADVERTISING AGREEMENT FOR

Dr. Harriton Competition **FEBRUARY 28th, 2020**

Presented by Harriton Student Council

600 North Ithan Avenue • Rosemont, PA 19010

Sponsored by Joseph DiPaul

PLEASE PRINT

Customer Information

Company Name: _____

Company Rep: Mr. / Ms. / Mrs. / Dr.: _____

Corporate Title (i.e. VP, Manager, CEO):

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone Number: _____

Advertisement Options

Business Card: \$50

Business card size ad in program booklet

Half Page: \$90

4.25" x 5.5" ad in program booklet

Full Page: \$175

8.5" x 5.5" ad in program booklet

Inside Back Cover: \$275

Inside Front Cover: \$325

Outside Back Cover: \$350

Company Logo/Ad Projection: \$150

Ad projection on screen during intermission and prior to the show

Video Advertisement Projection: \$375

45-second projected video and full page 8.5" x 5.5" ad

Contestant Sponsorship: \$750

Contestant's name: _____

Contestant Ad: \$50

Support your favorite Dr. Harriton contestant with a personalized message in the program booklet!

Contestant's name: _____

Ad File Delivery

Hard Copy

Business card or flash drive mailed/given to Harriton Student Council Representative

Mailing Address

**Mr. Joseph DiPaul
600 North Ithan Ave.
Rosemont, PA 19010**

Email to harritonstudentcouncil@gmail.com

Please use the subject line:

"Dr. Harriton Ad [Company Name]"

*Ads must reach Harriton by February 3rd, 2020.

Payment Options

Check (Send to mailing address above)

Made payable to "Harriton High School"

(Indicate which ad(s) you are buying in the memo)

For a tax-deductible payment: Make the check payable to either the "Lower Merion Township Scholarship Fund" (EIN: 23-6393335) or the "ESF Dream Camp Foundation" (EIN: 23-3045020)

Cash

Credit / Debit Card

Via Square Reader

Other

Venmo (@Harriton-SC), ApplePay, Android Pay

Please Contact Taylor Shinal (Harriton Student Council Treasurer) with any questions / concerns

Email: s025598@students.lmsd.org Phone: 484-431-3091

Student Representative: _____ Date: _____

Signature: _____ Date: _____

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