



Saturday, October 12, 2019

Hours: 12:00 p.m. - 6:00 p.m.

St. John's – 400 Main Street, Niantic, CT 06357

## Program Advertising

ADS DUE NO LATER THAN SEPTEMBER 27, 2019

Not able to participate as a vendor at the event? Then be sure to get your advertisement printed in the 2<sup>nd</sup> Annual Niantic Bay Oyster Festival Brochure! Not only will you be supporting an awesome cause, it's a great opportunity to offer a coupon for in store purchases, a discount code for online orders or to recruit new clients!

Please check your ad selection below and include the ad fee with this form. All ads will be printed in full color unless submitted as black & white.

\_\_\_\_ Quarter page Show Program Advertising: 2.125"H x 5.5"W - **\$50**

\_\_\_\_ Half page Show Program Advertising: 4.25"H x 5.5"W - **\$75**

\_\_\_\_ Full page Show Program Advertising: 8.5"H x 5.5"W - **\$150**

\_\_\_\_ Need help designing an ad? Have our designer create one for you - **\$50**

**\*\*\*Ad fees are due with your signed contract\*\*\***

**TOTAL FROM ABOVE DUE WITH CONTRACT: \$ \_\_\_\_\_**

**All Proceeds to Benefit the Miracle League of Southeastern CT**  
*Because Every Child Deserves the Chance to Play*



Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

**Payment:** Please make checks payable to: MLSECT **OR** if paying by Credit Card: MC, VISA, AMEX:

### CREDIT CARD AUTHORIZATION

Name On Card: \_\_\_\_\_

Card#: \_\_\_\_\_ Exp. Date: \_\_\_ / \_\_\_ / \_\_\_\_\_ \*CID \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*CID is the 3-digit code on the back of your card.

By signing below, you authorize MLSECT to process the credit card listed above upon receipt of your submitted advertisement for the total amount listed on page 1 of this contract.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Card Holder (required) Date

Please email this form with your print ready ad copy file in JPEG & PDF format **or** information for us to create your ad for you (if selected as option) with credit card info to:  
[jwilson@eltownhall.com](mailto:jwilson@eltownhall.com)

OR mail with your check (must be received by September 27, 2019) to:

The Miracle League of Southeastern CT  
c/o Town of East Lyme  
P.O. Box 519  
Niantic, CT 06357  
Attention: Julie Wilson

Once all requested information has been received, your ad fee will be processed. Please check here  if you would like a copy of your credit card receipt sent to you.

**All Proceeds to Benefit the Miracle League of Southeastern CT**  
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