

**Advertisement Order Form**

**Please type or print the following information:**

Company/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_

Zip: \_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website Address (to link to the advertisement image): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Website Ads:**

|  |  |  |  |
| --- | --- | --- | --- |
| \_\_\_\_\_\_ Top Banner | **$950** | \_\_\_\_\_\_ Bottom Banner | **$750** |
| \_\_\_\_\_\_ Leaderboard Slider  | **$800** | \_\_\_\_\_\_ Side Panel Ad | **$ 700** |

**Print Ads:**

|  |  |  |  |
| --- | --- | --- | --- |
| Ad in Quarterly Online Newsletter: | *Price and size options coming soon.* | \_\_\_\_\_\_ Ad in Fall Conference Program:\_\_\_\_\_\_ Full Page (7” x 9.25”)\_\_\_\_\_\_ Half Page (7” x 4.25”)\_\_\_\_\_\_ Quarter Page (5.25” x 4”) | **$500****$250****$125** |

* Ads & Logos must accompany payment and should be sent to kpowell@giftedpage.org, in both black & white and color as **high-resolution pdfs or jpegs.**
* **Ads for conference program MUST be received by October 12, 2018 to be included in the program.**
* Refunds for cancellations will be made only if notice is received within two days of the submitted order form and receipt of payment.

**Payment Options:**

1. \_\_\_\_\_\_\_ Send me an invoice via Paypal – Electronically return this form to kpowell@giftedpage.org .
2. \_\_\_\_\_\_\_ Send payment via check along with this printed form.

**Total Amount Due for Chosen Advertisement(s) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Make check payable to: PAGE, Inc.

**Mail payment and completed form to:**

PAGE, Inc. PO Box 452 Natrona Heights, PA 15065

Authorized Advertiser Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_