

POLO SUPPLEMENT ORDER FORM

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| ROTARY CLUB OF NEWPORT P O BOX 164 NEWPORT, RI 02840 polo@newportrotary.org | <i>Thank You for Supporting The Charity Fund of the Rotary Club of Newport</i> |
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2019 SUPPLEMENT TO NEWPORT THIS WEEK
FOR NEWPORT ROTARY CLUB CHARITY POLO MATCH
MAY 25, 2019

Distributed weekly at the INTERNATIONAL POLO SERIES
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| Advertising Width x Depth <input type="checkbox"/> FULL PAGE (back cover): 10.5 in x 10.3 in \$1,200.00 <input type="checkbox"/> FULL PAGE (inside cover): 10.5 in x 10.3 in \$1,100.00 <input type="checkbox"/> FULL PAGE: 10.5 in x 10.3 in \$990.00 <input type="checkbox"/> HALF PAGE: (inside cover) \$525.00 <input type="checkbox"/> HALF PAGE Vert: 5.19 in x 10.3 in \$500.00 <input type="checkbox"/> HALF PAGE Hor: 10.5 in x 5.09 in \$500.00 <input type="checkbox"/> 1/4 PAGE Vert: 5.19 in x 5.09 \$275.00 <input type="checkbox"/> 1/8 PAGE: 5.19 in x 2.5 in \$180.00 <input type="checkbox"/> 1/16 PAGE: 2.55 in x 2.5 in \$ 95.00 <p style="text-align: center;">DEADLINES: SPACE RESERVATION: APRIL 25, 2019 COPY TO NEWPORT THIS WEEK: MAY 1, 2019</p> <p>Email: _____</p> <p>Website: _____</p> | <p style="text-align: center;"><u>MOCK UP OF AD</u></p> <input type="checkbox"/> Copy attached <input type="checkbox"/> Awaiting copy Pick up: (FROM) _____ (DATE) _____ Delivery (DATE) _____ CAMERA READY AD (as PDF may be emailed) to NEWPORT THIS WEEK: polo@newportrotary.org Subject: Polo (Your business' name) |
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| <input type="checkbox"/> Payment attached <input type="checkbox"/> Charge CC below <input type="checkbox"/> Rotary to invoice CREDIT CARD NUMBER: _____ EXP DATE: _____ CVV: _____ ZIP: _____ Note: For security purposes, if using CC please print and mail copy to address listed above. |
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