



**THE BEAUMONT GALA
SATURDAY, APRIL 12, 2013
THE INTERCONTINENTAL HOTEL**

**A Benefit for Beaumont School
Advertising Agreement for the Event Program**

Date: _____

PLEASE SEE REVERSE SIDE FOR SAMPLE ADS

Company/Family Name: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Ad Type:

(circle one)

Business Card
\$40.00

¼ Page
\$80.00

½ Page
\$150.00

Full page
\$225.00

Camera Ready Art: _____yes _____no

Does Ad accompany form? _____yes _____no

If no, delivery date _____

Comments or additional information:

Signature of person authorizing ad: _____ Amt. Paid: _____

School Representative _____

Ad Space Deadline: Friday, March 22, 2013

*Beaumont School~3301 North Park Blvd.~ Cleveland Heights~ Ohio 44118
Development Office: phone: 216-325-7316; fax: 216-321-5786 or
vselby@beaumontschool.org*