



PARKVIEW THEATRE

516 West Meadowmere
Springfield, Missouri 65807
Phone (417) 523-9305 Fax (417) 523-9295
www.phstheatre.org

Playbill Advertisement Form

Business or Individual Name _____
Contact Person Name _____
Phone Number _____ Email _____
Business Address _____

Business Website Address _____

Information Concerning Ad: *(Please include a business card, business letterhead, or send a digital ad copy, preferably a jpeg, to assalazar@spsmail.org) If needed, we can design your ad to your specifications* _____

Season Ad

- Outside Back Cover in color (5"horizontal X 8"vertical) - \$300
- Inside Front Cover in color (5"horizontal X 8"vertical) - \$275
- Inside Back Cover in color (5"horizontal X 8"vertical) - \$275
- Inside Center Spread (10.5"horizontal X 8"vertical) - \$400
- Inside Color Full Page (5"horizontal X 8"vertical) - \$250
- Full Page Black/White (5"horizontal X 8"vertical) - \$200
- Half Page Black/White (5"horizontal X 4"vertical) - \$100
- Third Page Black/White (5"horizontal X 2.5"vertical) - \$75
- Fifth Page Black/White (5" horizontal X 1.5"vertical) - \$40

Indicate Payment Agreement: Cash _____ Check# _____ (checks payable to: **PHS Theatre boosters**)

Contact Person's Signature

Date

Student/Seller's Signature

Date

DETACH FOR RECEIPT

Paid \$ _____ for ad in Parkview Theatre's Playbill from _____ (company)

Date: _____ Seller's Initials: _____

If you have questions, or need more information please contact Amara Salazar at assalazar@spsmail.org or (417) 523-9305