



ADVERTISING RESERVATION FORM

Contact Information

Company/Chorus Name: _____ Contact Name: _____

Address: _____

City, State/Province: _____ Country, Zip/Postal Code: _____

Daytime Phone: _____ Email: _____

Website: _____

Description of advertisement: _____

PAYMENT INFORMATION

ONLY SUBMIT PAYMENT VIA FAX, PHONE OR POSTAL MAIL

<input type="checkbox"/> Enclosed is my check. Make payable to: Sweet Adelines International. \$10 USD service charge on all returned checks	<input type="checkbox"/> Please charge my credit card* (Check one): *CC payment only acceptable via postal mail, fax or by			
	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover Card	<input type="checkbox"/> AMEX
	Printed Name			
	Card Number:			
	Expiration Date:		Security Code:	
Card Holder's Signature:				

The Pitch Pipe Ad Information

Please reserve space for my ad in the issues indicated:

Issues	Year
JANUARY	
APRIL	
JULY	
OCTOBER	

Ad Size:

- Full-page bleed (8.5" x 11.125")
- Full-page no bleed (7.375" x 9.875")
- 1/2-page vertical (3.5" x 9.875")
- 1/2-page horizontal (7.375" x 4.75")
- 1/3-page vertical (2.25" x 9.875")
- 1/3-page horizontal (7.375" x 3")
- 1/4-page vertical (3.5" x 4.75")
- 1/4-page horizontal (7.375" x 2.25")

Shout Out Size:

- Full-page no bleed (7.375" x 9.875")
- 1/2-page horizontal (7.375" x 4.75")
- 1/2-page vertical (3.5" x 9.875")
- 1/4-page vertical (3.5" x 4.75")

Classified Ad:

- (up to 45 words)

Important information about reservation form

This form does not imply a direct contract or guarantee advertising with Sweet Adelines International. Accepted reservations will be contacted by Sweet Adelines International via email. If approved, you are contractually obligated to provide your ad and payment for the issues indicated.

Full payment is due within 10 business days of reservation confirmation.

Total Amount Due: \$ _____

Signature: _____ Date: _____

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EMAIL, MAIL, OR FAX APPLICATION

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