



Ensemble Theatre AD Purchase Form

Company___ Individual___ Sponsor___ Other___

If Other Please Explain: _____

Name: (for billing) _____

Address: _____

Phone: (_____) _____ - _____

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FULL SEASON AD RATES

Mark **X** for chosen rate

FULL PAGE SEASON AD: \$800 _____

HALF PAGE SEASON AD: \$400 _____

QUARTER PAGE SEASON AD: \$200 _____

EIGHTH PAGE SEASON AD: \$80 _____

FULL SHOW AD RATES

Mark **X** for chosen rate

FULL PAGE SHOW AD: \$300 _____

Half PAGE SHOW AD: \$150 _____

QUARTER PAGE SHOW AD: \$75 _____

EIGHTH PAGE SHOW AD: \$40 _____

Please email AD COPY to **ads@ensemble-theatre.org**.

Please send in JPG or PDF from. AD Copy Dimensions are as follows:

Full Page: 5"W by 8"H. **Half Page:** 5"W by 4"H.

Quarter Page: 2.5"W by 3.85"H. **Eight Page:** 2.35" W by 1.94"H

Please make all checks payable to: **Ensemble Theatre**

Mail to: Ensemble Theatre P.O.Box 181309 Cleveland Hts., OH 44118.

You can also email this **completed form** with credit card number to: ads@ensemble-theatre.org

To Pay by credit card: (circle one:) VISA MC DISC AMEX

Card #: _____

Expiration: (mm/yy) _____ **CVV:** _____ (3 digits on back of V, MC, DISC-4 Digits on Front of AMEX)

Zip Code for credit card billing address (if different than above address): _____

If you would like to SPONSOR a show/performance, or advertise on our WEBSITE,
please email us: sponsor@ensemble-theatre.org or call us 216-321-2930
Please feel free to call or email us with any questions. We look forward to working with you!!