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## Program Advertising

Please help support ACT – San Diego by including yourself or your business in our program! Not only will you be supporting one of the most innovative theater companies in town, but you will also be exposed to a dynamic and culturally savvy audience. We look forward to sharing our successes with you!

<b>Business Card</b> 2" H x 3 1/2" W \$75	<b>1 / 2 Page</b> (3 3/4"H x 4 3/4"W) \$125	<b>Full Page</b> (7 3/4"H x 4 3/4"W) \$200
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**DEADLINE FOR SUBMISSION IS MARCH 3, 2012**

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### SPECIFICATIONS

- Programs are 5.5" W by 8.5" H in black & white.
- Ads must be received as PDF or JPG files with resolution at 300 dpi or higher.
- All fonts and images must be included with the ad.
- Ads can either be submitted electronically or put on a CD and mailed. See mailing information below.
- The advertiser assumes liability for all content and layout for all camera-ready ads submitted for publication with ACT. ACT shall not be responsible for any errors or omissions arising from copy, illustrations or any other materials submitted by the advertiser for use in creating a program advertisement.
- All ads are accepted and published by ACT upon representation that the advertiser is authorized to publish the entire content and subject matter, and that no ad submitted is in violation of a patent, copyright or artist's right of first publication. THE ADVERTISER ASSUMES ALL LIABILITY for claims or suits based on content or subject matter of an ad, and agrees to hold ACT harmless.
- All program advertising is subject to the approval of the advertising manager, who reserves the right to refuse any advertising based on content. If you have any questions, please email the Advertising Manager at [actsandiego@gmail.com](mailto:actsandiego@gmail.com).

### ADVERTISER'S INFORMATION

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone (include area code): \_\_\_\_\_

Address: \_\_\_\_\_

City, St., Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

### PAYMENT INFORMATION

Check (payable to ACT-San Diego)    Visa    MasterCard    Discover   Amount Enclosed: \$ \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Credit card number: \_\_\_\_\_ Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing street address & billing zip code: \_\_\_\_\_

Signature: \_\_\_\_\_

### MAILING INFORMATION

ACT – San Diego ■ 4894 Bradshaw Court ■ San Diego, CA 92130  
Telephone: 858-922-1295 ■ Email: [actsandiego@gmail.com](mailto:actsandiego@gmail.com) ■ Website: [www.actsandiego.com](http://www.actsandiego.com)