



**THIRTY SECOND ANNUAL BREAKFAST
October 21, 2016
PROGRAM BOOK**

Agency / Company / Person: _____

<input type="checkbox"/>	We want to purchase an ad	<u>SIZE</u>	<u>PRICE</u>
<input type="checkbox"/>	Inside Front Cover	5"Wx8"H	\$1000.00
<input type="checkbox"/>	Outside Back Cover	5"Wx8"H	\$1000.00
<input type="checkbox"/>	Inside Back Cover	5"Wx8"H	\$750.00
<input type="checkbox"/>	Full Page	5"Wx8"H	\$500.00
<input type="checkbox"/>	Half Page	5"Wx4"H	\$250.00

PLEASE SUBMIT CAMERA-READY COPY BY SEPTEMBER 16, 2016

Please make your check payable to: The Alliance of Community Service Providers
Remit Payment to: 3300 Henry Avenue, Suite 100 Philadelphia, PA 19129

***All ads must be submitted electronically to Victoria Haggerty at: Vicki@thealliancecsp.org**

CONTACT PERSON:

Name: _____ Title: _____

Company/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____ EMAIL: _____

- Please indicate here if you are interested in one of our sponsorship opportunities listed on the second enclosure. You will be contacted.
- Please indicate if this Ad is part of a Sponsorship.
Sponsorship Level: _____

THANK YOU!