	2023-2024 Concert Season Program Advertising Order form, payment, and artwork due date:		
New Dominion			ctober 6, 2023
Thomas Beveridge, Artistic Director	Manak	NDC member who sought this ad:	
P.O. Box 6691 McLean, VA 22106 www.newdominion.org	Memb	er's contact information: Phone and/or em	nail address
Business Name:		_ Contact:	
Business Street Address:			
Business Phone:	Email:	Website:	
Ad buyer's Name	Phone:	email:	
		hree consecutive printed concert progra as detailed in each category below:	ms for full, half,
1 FULL PAGE AD appro	oximately 4"x 7" (includes	12 complimentary concert tickets):	\$1,000.00
2 HALF PAGE AD appro	oximately 4"x 3.5" (include	es 6 complimentary concert tickets):	\$500.00
	approximately 4"x 2" (ind tted for a guarter-page ad in lieu of an	cludes 4 complimentary concert tickets):	\$250.00
I am attaching can I am submitting a Please use artwor IMPORTANT: Please note th Your ad will appear in three provided that we have rece Complimentary tickets will be s	mera-ready black and white c PDF, JPG, or TIFF digital file k my business has previously e due date is <u>October 6, 2</u> consecutive concert pro ived your completed for	S Mail or email to: advertising@newd opy with this form with my payment e and my payment to: advertising@newdou submitted; I will mail or email payment 2023 for submitting your ad, paymen grams, starting with our October co rm, artwork, and payment in full by ss listed above upon processing of your	minion.org nt, and artwork. oncert program the due date.
you specify otherwise below:	· /\		
Address:	Street City	State	ZIP
If paying by check, make it payable <b>New Dominion Ch</b>	/ mail or email, using the form to to <i>New Dominion Chorale</i> , work of the second states of th	below <i>email</i> : <u>advertising@newdominion.or</u> ith the completed form (and artwork, if appli <b>P.O. Box 6691 McLean, VA 22106</b> email to: <u>advertising@newdominion.or</u> New Dominion Chorale!	icable) to: - <b>6691</b>
Advertising		New Dominior	1 Chorale
	3 Digit Code from Back of Card	TOTAL Amount to be charged: \$	
Card Number:	_··		xpiration Date
PLEASE PRINT: Cardholder Name: Billing Address:			
street	city	y State	Zip code
In signing below, I hereby authorize I	New Dominion Chorale to charge the al	pove amount to my credit card.	
Signature:		Date:	