

CONTRIBUTIONS + ADVERTISING • 2007 Plymouth Music Competition • May 31 – June 24



Please complete and return to:
Plymouth County Development Council
& Visitors Bureau, c/o Lisa Mattei
170 Water Street, Suite 24, Plymouth, MA 02360

Questions? Contact:
Lisa Mattei, *Event Director*
Phone: 508.801.2530
Email: lisadmattei@yahoo.com

IMPORTANT: Form must be received by deadline: **April 6, 2007**

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

EMAIL and/or URL: _____

STEP 1: For CONTRIBUTIONS only. Please check one:

- I want to be a contributor for the 2007 Plymouth Music Competition. I wish to make a gift of:
 \$ 20 \$ 50 \$ 75 \$ 100 \$ 200 \$ 500 \$ 1,000 Other _____

STEP 2: For ADVERTISING only. I would like to advertise in the following way:

- Program advertising rates:** The program includes schedules of workshops, clinics, performances, and panels. It also serves as an advertising opportunity for various businesses and venues that may be unfamiliar to event-goers. All ads are b&w except for cover placement (four color). These will be distributed throughout the greater Plymouth, South Shore and Boston area. (*We plan to print a minimum of 5,000.*) *Dimensions are approximate:*
- 1/8 Page (2.375"x1.8125") - \$ 80 1/4 Page (2.375"x3.875") - \$ 200 1/2 Page (5"x3.875") - \$ 400 Full Page (5"x8") - \$800
- Inside Back Cover (5"x8") - \$ 1,000 Inside Front Cover (5"x8") - \$ 1,200 Outside Back Cover (5"x8") - \$ 1,500

STEP 3: For CONTRIBUTIONS and/or ADVERTISING. I would like to sponsor one of these events*:

- Workshops, Panels, and Clinics:**
\$ 250 – Check one: Classical Jazz Rock
- Semi-final Competition:**
\$ 250 – Check one: Classical Jazz Rock
- Final Competition - Jazz/World and Classical (Radisson):**
 \$ 500
- Final Competition - Popular and Folk/Blues (Memorial Hall):**
 \$ 1,000

STEP 4: PAYMENT (payable to the Plymouth County Development Council)

My check is enclosed, in the amount of \$ _____ Institutional PO (# _____)

Please charge \$ _____ to my credit card: Visa MasterCard

Card #: _____ Expiration date: _____

Name of cardholder as it appears on card: _____

STEP 5: I would like to request that my sponsorship recognition reads as follows: _____

*Please inquire about benefits associated with each of these.