

2020 EVENT PROGRAM OPPORTUNITIES

AD SPACE & CONGRATULATORY MESSAGES



Advertise your organization or include a congratulatory message to awardees in the 37th Annual Don Carlos Humanitarian Awards event program ad. Numerous event viewers including business owners, government representatives and community members will see your program ad during the digital awards ceremony on Wednesday, October 14.

RATES & DIMENSIONS

I'D LIKE TO PURCHASE	AD SPACE OPTIONS	RATE	LIVE DIMENSIONS
<input type="checkbox"/>	FULL PAGE	\$150	7.5"W X 7.5"H
<input type="checkbox"/>	HALF PAGE	\$75	7.5"W X 3.625"H
<input type="checkbox"/>	QUARTER PAGE	\$35	3.625"W X 3.625"H

AD SPECS

- Color or black / white / grayscale ads
- Must provide camera-ready artwork, unless listing a congratulatory message only
- Set-up for simple congratulatory messages can be provided, at no additional cost
- File formats accepted: AI, EPS, PDF, TIF or JPG (if AI file, fonts need to be outlined)
- Artwork must be high resolution (300 dpi or higher)
- Suggest or personalize ad messaging acknowledge the event or an honoree within your ad (Example: "YOUR COMPANY NAME is proud to sponsor the Don Carlos Humanitarian Awards")
- All ads are subject to approval to ensure appropriateness for event
- Available program advertising space is limited
- Ads must be purchased and acceptable artwork received by September 25, 2020

HOW TO SUBMIT AD OR MESSAGE

- Email to tccinformation@tempe.gov
- Deliver to 34 E. 7th Street, in Tempe
- Call 480.858.2310 for other options to submit artwork
- If a confirmation email is not received 24 hours after submitting artwork, please contact us

CONGRATULATORY MESSAGES

Please email message or write on back of form. Note: Keep messages brief, to fit in space and for readability.

HOW TO PURCHASE AD SPACE

Online: tempecommunitycouncil.org/event-programs

Mail or drop off payment to: Tempe Community Council, 34 E. 7th Street, Tempe, AZ 85281



Company Name _____

Contact Person _____

Phone _____ Email _____

Address _____

City _____ State _____ Zip _____

Form of Payment: Check Cash Visa MasterCard AmEx _____

Credit Card Number _____ Exp _____ Sec Code # _____

Amount To Be Charged \$ _____ Authorized Signature _____