



2208 Millers Rd., Wilmington, DE 19810
www.NCTstage.org 302-475-2313

2020 PLAYBILL ADVERTISING ORDER FORM

Advertiser Name: _____ Nonprofit? YES NO

Contact Person: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone 1: (____) _____ Phone 2: (____) _____

E-Mail Address: _____

Please indicate your ad choice(s) below, and write in the ad rate, referring to Rate/Dimensions Chart on Information Sheet. Nonprofit advertisers take 15% discount.

PLAYBILL	AD SIZE	AD RATE
<input type="checkbox"/> <i>Cabaret</i>	<input type="checkbox"/> Center Spread <input type="checkbox"/> Outside Back Cover <input type="checkbox"/> Inside Back Cover <input type="checkbox"/> Full Page <input type="checkbox"/> Half Page <input type="checkbox"/> Third Page <input type="checkbox"/> Quarter Page Horiz <input type="checkbox"/> Quarter Page Vert	\$ _____
<input type="checkbox"/> <i>Something's Afoot</i>	<input type="checkbox"/> Center Spread <input type="checkbox"/> Outside Back Cover <input type="checkbox"/> Inside Back Cover <input type="checkbox"/> Full Page <input type="checkbox"/> Half Page <input type="checkbox"/> Third Page <input type="checkbox"/> Quarter Page Horiz <input type="checkbox"/> Quarter Page Vert	\$ _____
<input type="checkbox"/> <i>Rumors</i>	<input type="checkbox"/> Center Spread <input type="checkbox"/> Outside Back Cover <input type="checkbox"/> Inside Back Cover <input type="checkbox"/> Full Page <input type="checkbox"/> Half Page <input type="checkbox"/> Third Page <input type="checkbox"/> Quarter Page Horiz <input type="checkbox"/> Quarter Page Vert	\$ _____
<input type="checkbox"/> <i>Sweet Charity</i>	<input type="checkbox"/> Center Spread <input type="checkbox"/> Outside Back Cover <input type="checkbox"/> Inside Back Cover <input type="checkbox"/> Full Page <input type="checkbox"/> Half Page <input type="checkbox"/> Third Page <input type="checkbox"/> Quarter Page Horiz <input type="checkbox"/> Quarter Page Vert	\$ _____
<input type="checkbox"/> <i>Memphis</i>	<input type="checkbox"/> Center Spread <input type="checkbox"/> Outside Back Cover <input type="checkbox"/> Inside Back Cover <input type="checkbox"/> Full Page <input type="checkbox"/> Half Page <input type="checkbox"/> Third Page <input type="checkbox"/> Quarter Page Horiz <input type="checkbox"/> Quarter Page Vert	\$ _____
<input type="checkbox"/> <i>Scrooge</i>	<input type="checkbox"/> Center Spread <input type="checkbox"/> Outside Back Cover <input type="checkbox"/> Inside Back Cover <input type="checkbox"/> Full Page <input type="checkbox"/> Half Page <input type="checkbox"/> Third Page <input type="checkbox"/> Quarter Page Horiz <input type="checkbox"/> Quarter Page Vert	\$ _____
<input type="checkbox"/> 2020 Season	<input type="checkbox"/> Center Spread <input type="checkbox"/> Outside Back Cover <input type="checkbox"/> Inside Back Cover <input type="checkbox"/> Full Page <input type="checkbox"/> Half Page <input type="checkbox"/> Third Page <input type="checkbox"/> Quarter Page Horiz <input type="checkbox"/> Quarter Page Vert	\$ _____

Advertiser signature and date, authorizing ad(s) indicated above:

_____ **DATE:** _____ **TOTAL PAYMENT: \$** _____

- **E-MAIL YOUR AD TO:** ads.candlelighttheatre@gmail.com, following the specs on the Information Sheet.
- **MAIL YOUR PAYMENT AND THIS FORM TO:** Candlelight Ads, c/o Gerri Weagraff, 803 Smyrna Avenue, Wilmington, DE 19809
- **OR CALL GERRI WEAGRAFF AT 302-379-3036 TO PLACE AD ORDER OVER THE PHONE.**

CHECK ENCLOSED (PAYABLE TO "Candlelight Theatre"), OR:

MasterCard
 VISA
 American Express
 Discover Card

Credit Card Number: _____

Expiration Date: _____ 3- or 4-digit security code: _____

Questions? Call Gerri Weagraff at 302-379-3036 or e-mail ads.candlelighttheatre@gmail.com.