



# Rochester Gay Men's Chorus Advertising Sales Contract

100 College Ave #170, Rochester, NY 14607

585.423.0650 www.thergmc.org

## ADVERTISING POLICIES & GUIDELINES

- \* All ad copy must be submitted electronically on or before the Friday four weeks prior to the concert date.
- \* Print-ready ads must be sent in either .PDF or .JPG format and must conform to the required dimensions. Received files not conforming to dimension restrictions will be returned to Advertiser for correction.
- \* Advertisers requiring ad creation may contract with the RGMC at an extra cost.
- \* First-time Advertisers must submit a signed contract with pre-payment for first ad placement.
- \* The same ad will run for each program unless notification is made to the RGMC and new graphics are received before the ad copy deadline.
- \* All ads placed in the RGMC concert programs are automatically included in the On-Screen Power Point presentation at each concert and will also be included in one monthly E-blast per concert cycle.
- \* The RGMC is not responsible for errors or omissions in ad copy submitted by the Advertiser.
- \* Acceptable methods of Payments include:
  - \* Check / MC / Visa / AMEX / Discover / PayPal

## AD INFORMATION

Ad Size \_\_\_\_\_  
 Location \_\_\_\_\_  
 Print Ready \_\_\_\_\_

## AD PLACEMENT

Starting Concert Program (Date) \_\_\_\_\_  
 \_\_\_\_\_  
 Ending Concert Program (Date) \_\_\_\_\_  
 \_\_\_\_\_

## AD COST

Full Season		\$ _____
Per Program	_____ X \$ _____ per program	\$ _____
Premium Ad Placement		\$ _____
Total cost of Ads		\$ _____
Discount		\$ _____
<b>Total Amount Due</b>		<b>\$ _____</b>

## ADVERTISER INFORMATION

Legal/Business Name \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone \_\_\_\_\_

## BILLING INFORMATION (If different than above)

Billing Contact \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 Billing City/State/Zip \_\_\_\_\_

## PAYMENT INFORMATION

   **Credit Card**  
 Name on Credit Card \_\_\_\_\_  
 Credit Card Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

   **Check Payable to RGMC - CK #** \_\_\_\_\_  
*(A \$35 service charge will be assessed on all returned checks.)*

   **Invoice NET 30**

   **PayPal Invoice NET 30**

## AUTHORIZATION

The undersigned is authorized to provide the above information, certifies it is correct and understands it is for establishing an account with the Rochester Gay Men's Chorus (RGMC). Further, should credit be granted, the RGMC will render statements of charges and payments for each program. In case of default on the terms of this agreement, the applicant will pay for all legal fees, court costs and collection fees.

\_\_\_\_\_  
**Signature of Advertiser and date signed**