

# 2017 Circus Program Book, Advertisement Form

information

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## We are proud to hold our 82nd Annual Ararat Shrine Circus!

Thank you for your support. The program book is distributed at 7 performances and is read by thousands of people.

**Location:** Silverstein Eye Centers Arena, 19100 E Valley View Pkwy, Independence, MO 64055

**Thursday Nov. 16:** 7:00 pm

**Friday Nov. 17:** 7:30 pm

**Saturday Nov. 18:** 10:00 am, 2:30 pm & 7:30 pm

**Sunday Nov. 19:** 1:00 pm and 5:00 pm

Learn more at [www.kcShrineCircus.com](http://www.kcShrineCircus.com) or [www.AraratShrine.com](http://www.AraratShrine.com)

### Company Information:

Company: \_\_\_\_\_ Date: \_\_\_\_\_ 2017

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Company Representative: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Advertisement Size and Price:

- Full Page\* – Black & White: \$550 (receive 6 premium tickets)
- Full Page\* – Color: \$650 (receive 6 premium tickets)
- Half Page\* – Black & White: \$350 (receive 4 premium tickets)
- Half Page\* – Color: \$400 (receive 4 premium tickets)
- Quarter Page\* – \$250 (Black & White Only) (receive 1/2 price ticket coupon)
- Business Card\*\* – \$125 (Black & White Only)
- Digital Strip\*\*\* – \$300 (receive 1/2 price ticket coupon)
- Large Screen Digital Banner\* – \$150 with any print page purchase
- Large Screen Digital Banner & Half Page Black & White Advertisement\* – \$550 (plus receive 6 premium tickets)
- Reuse a previous advertisement from the 2016 Program. **Page:** \_\_\_\_\_

#### \* Artwork Is Required.

Artwork must be submitted in PDF format to [Artwork@kcShrineCircus.com](mailto:Artwork@kcShrineCircus.com)

\*\* **Business Cards** may be attached to this form instead of emailing

\*\*\* Display Your company name, phone number and/or web address

**Note:** This Form and Artwork must be turned in by October 20, 2017

Contact Ararat Office for advertiser premium tickets or coupons

### Payment Information

**Check** (Payable To Ararat Shrine). *Mail check and this form to the address below.*

**Credit Card** (  Mastercard  Visa  Discover )

Name on Card (please print): \_\_\_\_\_

Card # \_\_\_\_\_ Expiration: \_\_\_\_\_ 3 Digit Code (on reverse of card) \_\_\_\_\_

- **Mail your check and this form to:**  
**Ararat Shrine Center** 5100 Ararat Drive Kansas City, MO 64129
- **Email PDF artwork to:** [Artwork@kcShrineCircus.com](mailto:Artwork@kcShrineCircus.com)
- **Questions? Please call:** 816-923-1975

Noble Name / Number

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