

ADVERTISEMENT PURCHASE FORM

CONTACT INFORMATION		Date
Business Name (as to appear in pri	nt)	
Street Address		
City	State	Zip
Contact Name (First, Last)		
Contact Phone	Fax	Email
Art Dept. Contact	Phone	Fax
Email	Website _	
BILLING INFORMATION		
Department or Individual to be billed	d	
Billing address (if different)		
City	State	Zip
Please check method of payment (kindly make checks payable to Hors	es in California, Inc.)
	_	ods & Services Retail Value \$
Check Enclosed \$		ease charge my credit card \$
☐ Visa ☐ Mastercard Cro	edit Card #	Exp
Traine on Gard		
ADVERTISEMENT INFORM	MATION	
Please check choice of full color ac	l size:	
Position	Dimensions	Color Rate
☐ Back Cover*	8.5" × 11"	\$1000
☐ Inside Front Cover*	8.5" × 11"	\$850
☐ Inside Back Cover*	8.5" × 11"	\$650
☐ Full Page	8.5" × 11"	\$450
☐ ½ Page Horizontal	8.5" x 5.5"	\$350
☐ ¹ / ₄ Page Vertical	4.25" x 5.5"	\$200
* Premium position based o	n availability	
Please indicate method and format	of artwork/advertisement submissio	on:
Artwork/advertisement atta		ork/advertisement to be sent by (date)
Digital (format; JPEG, PDF,		Copy (must be returned by
Authorized signature of Sponsor _	Print Nam	ne Date

Please send completed form to: Attn: Sharon Haynes, Horses in California, Inc., 22-22nd Avenue, San Francisco, CA 94121 Tel: 415-221-9438 | Fax: 415-221-2581 | info@sfpolointhepark.com | Fed Tax ID: # 94-1196213