



EVENT PROGRAM AD

**Type all information, except where signature is required.
Please complete one form per ad.**

Name of Club or Business: _____

Contact: _____ Phone #: _____

Email: _____ Ad Size Requested: _____

Athletes' names or other description of program ad: _____

**Program ads and payment must be postmarked by
Friday, May 30, 2008**

Ad Rates

Full page = \$100*
Half page = \$75*
Quarter page = \$50*

* All ads must meet the required ad criteria and dimensions specified below in order to be included in the program without an additional service charge of \$25.

AD CRITERIA

- Must be submitted in final format
- The following ad dimension must be met:
 - Full page – 7 5/16" width x 10" height
 - Half page – 7 3/16" width x 5" height
 - Quarter page – 3 1/2" width x 5" height
- Final format requires all text to be placed and stylized in the exact format and design as the ad would be printed in the program
- Minimum picture quality is 300 dpi
- Ads can be produced in .jpeg, .gif, or .pdf format
- If producing an ad design in .doc format, an additional hard copy of the ad is needed to allow for scanning if necessary
- If using Illustrator to create your ad, all text must be converted to Outline
- All ads are printed in the program in black and white (pictures do not need to be black and white)
- Ad designs should be emailed along with this form to the Acrobatic Gymnastics Program Assistant (emillard@usa-gymnastics.org). An email will be sent to the provided email confirming receipt. If you do not receipt an email within five business days, please contact Elizabeth Millard.



OTHER AD DESIGNS

- Ad designs not meeting the above criteria will be accepted, but will be charged an additional \$25 service fee.

PROGRAM AD RETURNS

- Upon request, photos and ad designs can be returned to the submitter. Please indicate this on your Program Ad Form and include a self-addressed, stamped envelope with your materials. Materials will be returned following the conclusion of the National Championships event.

Payments can be made by check or credit card. Checks are to be made payable to **USA Gymnastics** and mailed to the address below.

Please complete the information if paying by check:

Check #: _____ Amount: _____

Please complete the information below if paying by credit card:

Amount: _____

Card Type: Visa Discover MasterCard AMEX

Exp. Date: ____/____ Card #: _____

Billing Address: _____

Phone Number: _____

Signature of Cardholder: _____

Printed Name: _____

Mail, fax, or email Form and Fee to:

Acrobatic Gymnastics
USA Gymnastics
Attn: Elizabeth Millard
201 S. Capitol Ave., Ste. 300
Indianapolis, IN 46225
Fax: (317) 237-5069
emillard@usa-gymnastics.org