



**MARLBOROUGH PUBLIC SCHOOLS MUSIC ASSOCIATION
SPRING CONCERT PROGRAM**

**ADVERTISEMENT ORDER FORM/
 INVOICE**

Company Name: _____

Address: _____

Company Contact Name: _____ Phone #: _____

Date Payment Received: _____ Amt Received: \$ _____

Paid by: [] Cash [] Check Check #: _____

Student Representative: _____

Please Make Checks payable to: MPS Music Association

ATTACH ADVERTISEMENT COPY

Advertisement Size: _____ Cost: _____

Please Remit to:

**MPS Music Association c/o Marlene Manell, 239 Wilson Street, Marlborough, MA 01752
 If you would like to e-mail your ad copy, please send to mrmanell@gmail.com**

FOR ASSOCIATION USE ONLY:		
Association Representative _____	Class year _____	
Date Ad Received: _____	Rec'd By: _____	Rep Credit: _____

COVER AD \$150.00

FULL PAGE AD \$125.00
(8"x11")

1/4 PAGE AD \$50.00

1/8 PAGE AD \$30.00

1/2 PAGE AD \$75.00