

2019 CINDERELLA PROGRAM BOOK ADVERTISER FORM

DUPLICATE THIS SECTION FOR EACH AD SUBMITTED

Return with ad copy & form & payment No later than May 15, 2019

Mail to: Nevada Cinderella Girl State Office 6212 W Charleston #100, Las Vegas, NV 89146

Or you could email your ad: cinderellanevada@cox.net

and pay at www.paypal.com (acct# cinderellanevada@cox.net) or use credit card below

For additional information call (702) 308-4004

Participant's Name _____ Division _____

**“YOUTH MINDED BUSINESSES” LIKE YOURSELF
CAN PLACE AN AD IN THE PRESTIGIOUS
NEVADA STATE CINDERELLA GIRLS FINALS PROGRAM BOOK**

**THIS AD WILL REACH HUNDREDS OF FAMILIES ALL OVER THE STATE
AND IS THE OPPORTUNITY FOR YOU TO SUPPORT THE YOUTH OF OUR FINE STATE
And LET EVERYONE KNOW HOW WONDERFUL YOU ARE!.....THANK YOU FOR HELPING!**

Advertisers may submit their own ad copy, artwork, etc. Ads submitted without artwork or layout will be set up at the director's discretion. Most advertisers have a business card, or letterhead, or an ad which has appeared in a local ad or the Yellow Pages which can be reproduced...making their advertisement outstanding in the program book. Photos of contestants can only be placed on full page or half page ads only. There is no limit as to the number of ads you may submit. Ads may also be submitted electronically by emailing to: cinderellanevada@cox.net If you have any questions, you may call or email the State Cinderella Office at (702) 308-4004

AD Size (check one)

- Full Page @ \$150.00/page – includes 1 photo Business Card @ \$35.00/ad
 Half Page @ \$90.00/ad – includes 1 photo Additional Photo (Full & Half page ads only) @ \$20.00/photo
 Quarter Page @ \$50.00/ad

ADVERTISER'S NAME _____

Address _____ City _____ St _____ Zip _____ Phone _____

Email _____ Best time to contact you with questions regarding ad _____

Additional set up instructions _____

Amount Paid With this Form..... _____

Amount Paid by PayPal _____

Make payment to www.paypal.com (to account email cinderellanevada@cox.net) List your name and participant's name and what payment is for.

Amount Paid by (Check one) Master Card or Visa

Enter amount to charge at right _____ x .03 Credit card fee

Cardholder Name _____ Account Number _____

Cardholder Address _____ City _____ State _____ Zip _____

CCV Code (Security Code) _____ Expiration Date _____ Cardholder Phone _____

**THANKS AGAIN FOR SUPPORTING THE CINDERELLA YOUTH DEVELOPMENT SCHOLARSHIP PROGRAM AND PAGEANT.
WE APPRECIATE YOUR SUPPORT AND WILL ENCOURAGE OUR PARTICIPANTS TO SUPPORT YOUR BUSINESS THROUGH
PLACING YOU IN OUR LIST OF SPONSORS WHO WE SUPPORT IN OUR PROGRAM BOOK.**