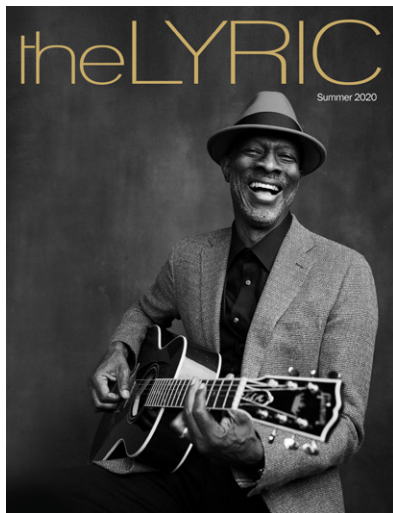


ADVERTISING RATES

# theLYRIC

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**The Lyric Magazine** exists to perpetuate awareness of performing arts in our community. It's purpose is to support The Lyric Theatre's Mission of providing the community with a home for the performing arts that entertains, educates, and stimulates the growth of artistic integrity and experience for everyone.

**To advertise**

Call Mike Renfro at **772-341-8526** • email **Palmcity5@yahoo.com** • fax **772-287-8693**

Ad Rates	Single Issue	2 or more issues
Eighth Page	\$300	\$240
Quarter Page	\$525	\$420
Half Page	\$700	\$560
Full Page	\$1,050	\$840
Inside Covers	\$1,300	\$1,040
Back Cover	\$1,500	\$1,200

**Ad Specifications - Trim Size 8.25" x 10.75"**

Full Page Bleed	8.75" x 11.25"
Full Page Non-Bleed	7.5" x 10"
Half Page (Horizontal)	7.5" x 4.75"
Half Page (Vertical)	3.5" x 10"
Quarter Page	3.5" x 4.75"
Eighth Page	3.5" x 2.25"

Email print ready ad to **Palmcity5@yahoo.com**

**Ad materials due date by issue:**

FALL (Oct-Dec)	September 1
WINTER/SPRING (Jan-April)	November 15
SUMMER (May-Sept)	April 25

Acceptable formats:  
 PDF - 300dpi. Composite CMYK, PDF/X-1A compliant  
 JPG - Ad size @ 300dpi

**Authorization for ad placement**

*I agree to advertise in The Lyric Magazine and will be responsible for payment.*

Today's Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_

Contact Name (please print) \_\_\_\_\_

Company Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Advertising Charges**

*Please check the applicable boxes you have selected for advertising in The Lyric Magazine*

**2021-22 Season**  Fall  Winter/Spring **2022-23 Season**  Summer  Fall  Winter/Spring

**Ad Size**  Eighth Page  Quarter Page  Half Page - V  Half Page - H  Full Page  Inside Cover  Back Cover

Advertising Rate \$ \_\_\_\_\_ (x # of issues) \_\_\_\_\_ = \$ \_\_\_\_\_

If paying by check, make payable to: **The Lyric Theatre** Mail to: **The Lyric Magazine**, 59 SW Flagler Ave., Stuart, FL 34994

**Credit Card Authorization**

Company Name (please print) \_\_\_\_\_ Contact \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Address \_\_\_\_\_

Name as it appears on card \_\_\_\_\_ Phone \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_