



Greenwich Riding & Trails Association
Post Office Box 1403, Greenwich, Connecticut 06836
theGRTA@theGRTA.org www.THEGRTA.org 203.661.3062

2023 Advertising Contract

SAVE + GAIN EXPOSURE THROUGHOUT THE YEAR
—Discount of 10% to advertise in 2 publications—

1) GRTA Annual Program - Distributed at all our events & to our membership throughout the year
Materials Due March 10th Black and white

<input type="checkbox"/> Back Cover	\$800 (8.5" x 11")	<input type="checkbox"/> 1/2 Page	\$300 (8.5" x 5.5")
<input type="checkbox"/> Inside Front Cover/pg 1	\$600 (8.5" x 11")	<input type="checkbox"/> 1/4 Page	\$200 (4.25" x 5.5")
<input type="checkbox"/> Inside Back Cover	\$500 (8.5" x 11")	<input type="checkbox"/> Card Size	\$150 (4.25" x 2.75")
<input type="checkbox"/> Full Page	\$450 (8.5" x 11")		

2) 101st Annual Greenwich Horse Show Program -Distributed June 11th at our elegant, tented luncheon
Materials Due May 1st

<input type="checkbox"/> Back Cover	\$600 (8.5" x 5.5")	<input type="checkbox"/> Full Page	\$300 (8.5" x 5.5")
<input type="checkbox"/> Inside Front Cover/pg 1	\$400 (8.5" x 5.5")	<input type="checkbox"/> Half Page	\$200 (4.25" x 5.5")

Check here to **Re-Run Your Ad from Last Year**

Electronic files (in PDF, Word) are preferred. Or please submit high resolution scanned photographs or original artwork with desired text to Leslie Pottow, lpottow@optonline.net and we will design the ad with your direction/approval

Advertiser Name/Company: _____

Email Address: _____

Address: _____

City/State: _____ Phone: _____

Authorized by (signature) _____

Kindly send completed contract and check to GRTA to:

GRTA, Attn: Annual Program, PO Box 1403, Greenwich, CT 06836

Payment may alternately be made to Venmo @grta1914 (Note "Advertising"), or

By credit card by submitting a credit card authorization form with contract.

ALL ADS MUST BE PRE-PAID

Direct inquires to Leslie Pottow, lpottow@optonline.net, (203) 536-1446

Credit Card Authorization Form

Program Advertising

Credit Card Information:

Please complete all fields.

Card Type (check one): Master Card Visa American Express

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____

Cardholder ZIP code (card billing address): _____

I, _____ (name as it appears on the credit card), authorize the GRTA to charge my credit card in the amount of _____ .

Customer Signature

Date