



**Gallo Center for the Arts**  
**2008 - 2009 Season Program Book**  
**Advertising Agreement**

**CONTACT INFORMATION**

Company Name: \_\_\_\_\_

Company Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**AD INFORMATION**

Ad duration (circle one):      Full Season      One time only\*

\* If one time only, please specify performance and date:

\_\_\_\_\_

Ad Size (circle one):      Full Page      Half-Page

Ad Price: \_\_\_\_\_

**Advertiser**

**Gallo Center for the Arts**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Please remit your payment with this completed form to:

Gallo Center for the Arts  
Attn: Finance Department  
1000 I Street  
Modesto, CA 95354

Thank you for advertising with the Center!