



Associated Alumni of Central High School

Hall of Fame Tribute Registration Form

October 17, 2018



Name _____ Class No. _____

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Phone () _____ - _____ EMAIL _____

Desired Ad Type

- | | |
|--|--|
| <input type="checkbox"/> \$3,500 Back Cover (7.375" w x 9.625" h)
(Includes 7 reservations for reception) | <input type="checkbox"/> \$1,500 Silver Full Page (7.375" w x 9.625" h)
(Includes 3 reservations for reception) |
| <input type="checkbox"/> \$3,000 Inside Front or Back Cover (7.375" w x 9.625" h)
(Includes 6 reservations for reception) | <input type="checkbox"/> \$1,000 Full Page (7.375" w x 9.625" h)
(Includes 2 reservations for reception) |
| <input type="checkbox"/> \$2,500 Platinum Full Page (7.375" w x 9.625" h)
(Includes 5 reservations for reception) | <input type="checkbox"/> \$600 Half Page (7.375" w x 4.75" h)
(Includes 1 reservation for reception) |
| <input type="checkbox"/> \$2,000 Gold Full Page (7.375" w x 9.625" h)
(Includes 4 reservations for reception) | <input type="checkbox"/> \$350 Quarter Page (3.5" w x 4.75" h) |
| | <input type="checkbox"/> \$250 Business Card Listing |
| <input type="checkbox"/> \$79 Reception & Dessert | |

AD COPY

Please print or type all information exactly as you want it to appear.
Use additional paper if needed.

TRIBUTE BOOK GUIDELINES

Deadline for Submission is September 5, 2018

Electronic (PDF) files may be emailed to: dkahn@sed.com

Camera-ready artwork & business cards will be sized accordingly and printed in black ink
To ensure prompt & proper processing of your ad, return this form with a check payable to:

Associated Alumni of Central High School
PO BOX 26580
Philadelphia, PA 19141-6580
215-400-3590
www.centralhighalumni.com