

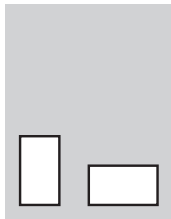


The SOHO Annual Historic Home Tour Weekend

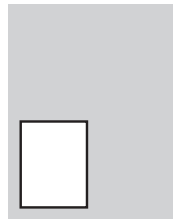
Advertising Rates for the Event Program

		B&W
Business Card	Horizontal - 3.5" wide x 2" tall	\$100
	Vertical - 2" wide x 3.5 tall.....	\$100
Quarter Page Third Page	3.375" wide x 4.375" tall.....	\$150
	Horizontal - 7.25" wide x 2.916" tall.....	\$200
Half Page	Vertical - 2.125" wide x 9.25" tall.....	\$200
	Horizontal - 7.25" wide x 4.375" tall.....	\$300
Full Page	Vertical - 3.375" wide x 9.25" tall.....	\$300
	7.25" wide x 9.25" tall.....	\$450

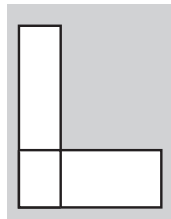
Reserve your spot by January 30, 2008 and save \$50



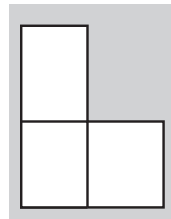
Business Card
Vertical & Horizontal



Quarter Page



Third Page
Vertical & Horizontal



Half Page
Vertical & Horizontal



Full Page

AD COPY AND/OR ARTWORK IS DUE ON OR BEFORE February 20, 2008

Payment in full must be received before application can be processed.

Prices listed are for camera-ready material (no changes, paste-up, photo reductions, typesetting, etc) submitted on Mac-formatted disk or emailed to SOHOads@aol.com. Additional work will result in an additional \$35 an hour charge.

SUBMIT ADS IN ONE OF THE FOLLOWING FOUR FORMATS

1. Adobe Illustrator document with outlined fonts, photos & pathways;
2. Adobe InDesign package;
3. PDF document; or
4. A .jpg or .tiff at 300 resolution and formatted for Macintosh.

FOR MORE INFORMATION, PLEASE CONTACT SOHO

(619) 297-9327 • Fax (619) 291-3576 • sohosandiego@aol.com • visit www.sohosandiego.org

Mail, fax or email as attachment the completed form along with full payment to: SOHO, 2476 San Diego Avenue, San Diego CA 92110

<input type="checkbox"/> Business Card	\$100	\$ _____
<input type="checkbox"/> Quarter.....	\$150	\$ _____
<input type="checkbox"/> Third.....	\$200	\$ _____
<input type="checkbox"/> Half.....	\$300	\$ _____
<input type="checkbox"/> Full	\$450	\$ _____
Subtotal		\$ _____
Subtract Early Registration Discount - \$50		\$ _____
Total		\$ _____

Company _____

Address _____

City, State Zip _____

Phone _____ Fax _____ email _____

Contact Name _____

Charge Visa MasterCard # _____ exp _____