

October 6-7 2018

Business Name(s): _____ Phone: (_____) _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: (_____) _____ - _____

Email: _____

Event Sponsor: Yes ___ No ___ Event Sponsored: _____ Sponsorship Amount: \$ _____

Size of Ad

- 1/8 Page (3.25" x 2.17") \$60
- 1/4 Page (3.25" x 4.5") \$85
- 1/2 Page (6.625" x 4.5" Horizontal) \$130
- 1/2 Page (3.25" x 8.824" Vertical) \$130
- Full Page (6.625" x 8.824") \$240

Method of Payment

- Cash
- Check
- Please Bill

Lincoln Days Salesperson _____

Date of Contact _____

Date Billed _____

Date Paid _____

Comments: _____

Return to: Mail:
PO Box 176
Hodgenville, KY 42748

Office:
60 Lincoln Square
Hodgenville, KY 42748
(270) 358-8710

E-mail:
info@lincolndays.org