



BUILD YOUR BUSINESS WHILE SUPPORTING THE ARTS

Advertise in APPLAUSE! The official playbill for Landmark on Main Street's 2019-20 Spectacular Season.

13,000+ Views APPLAUSE! is handed to each audience member - over 40 times per season - at each of our music, comedy and family performances all year round.

Our Audience is Your Audience 50% of our audience is from Great Neck, Plandome, Manhasset, Port Washington, Sands Point - the prime target for your business growth.

Support The Arts Your investment helps bring outstanding community arts and educational programming to Long Island - while giving your business great exposure.

Economic Driver Landmark programming is a huge draw to our area. Our audiences come for shows and stay to shop and dine.

High Quality, Low Cost Professionally designed, APPLAUSE! features program information, photos and stunning graphics - a souvenir for every Landmark event.





APPLAUSE! ¹⁹/₂₀

Reserve space by **6/28/19** for best possible placement.

ADVERTISING RATES

All ads are **4 color**

Ad Size

2-Page Spread	\$ 1,200
Full Page	\$ 850
Half Page	\$ 650
Quarter Page	\$ 450

Dimensions

9 1/2" W x 7 3/4" H
4 3/4" W x 7 3/4" H
4 3/4" W x 3 3/4" H
4 3/4" W x 1 3/4" H

Requirements

- 4-color high resolution PDF, JPG or high quality laser print **due 7/26/19.**
- **Graphic Design Services** Free-of-charge for first time advertisers - **content due 7/12/19.**
- **Payment Due 8/2/19.**

3 WAYS TO PLACE YOUR AD

- 1. Contact Us** at **516.767.2355** or **applause@landmarkonmainstreet.org**. We are happy to assist you.
- 2. Online** Visit **www.landmarkonmainstreet.org/support_applause.cfm** to place your request.
- 3. Mail It In** Fill out the form below and mail with method of payment. Please email your new camera-ready art to **amy@landmarkonmainstreet.org**.

FORM

Mail Form To
 Landmark on
 Main Street
 232 Main Street
 Suite 1
 Port Washington
 NY 11050

Select One

- 2 Page Spread Full Page Half Page Quarter Page

Select One

- Use same ad as last year New Creative

Total Amount \$ _____

Name on Card _____

Signature _____

Credit Card Number _____ Exp. Date _____

Business Name _____ Contact Person _____

Address _____

Town _____ State / Zip _____

Phone _____ Fax _____

Email Address _____