



# 2015-2016 Yearbook AD Agreement



Business Name			School Name <b>Moss Park Elementary</b> <b>9301 North Shore Golf Club Blvd., Orlando, FL 32832</b>	
Type of Business			Work Location # <b>1582</b>	Area Name (Please circle) C E N <b>(SE)</b> SW W District
Address			Principal <b>Dr. Cantrell</b>	
City	State	Zip	School Telephone <b>407-249-4747</b>	
Business Contact Name			Coordinator <b>Christal Feldman</b>	
Position			Position <b>Moss Park PTA President</b>	
Telephone	Fax		Cell Phone <b>407-620-0411 (Christal)</b>	School Fax <b>407-249-4469</b>
Email Address			Email Address <b>President@PTAMossPark.com</b>	
Website Address			Website Address <b>www.PTAMossPark.com</b>	
Ad Size: <input type="checkbox"/> 1/8 Page (Business Card Size) - \$125 <input type="checkbox"/> 1/4 Page (2x2.5) - \$250 <input type="checkbox"/> 1/2 Page (4x5) - \$500 <input type="checkbox"/> Full Page (8x10) - \$1,000			Partnership Program: Yearbook Ad Sponsor <b>2015-2016 Yearbook Ad</b> <b>ALL ADS WILL BE PRINTED IN COLOR!</b> <b>(Yearbooks will be distributed in May 2016)</b>	

## **TERMS and CONDITIONS:**

**COST:** 1/8 Page (Business Card Size) - \$125, 1/4 Page (2x2.5) - \$250, 1/2 Page (4x5) - \$500, Full Page (8x10) - \$1,000  
 Payments are non-refundable.

**AD LOCATION:** MPE PTA reserves the right to choose the best location for the Ad based on the Yearbook design. All Ads will be printed in color.

## **DEADLINE DATE:**

This signed agreement, payment & a digital copy of the Ad **MUST** be received no later than Friday, March 4, 2016. Please email a high resolution copy of the Ad to [Yearbook@PTAMossPark.com](mailto:Yearbook@PTAMossPark.com).

***PLEASE NOTE: Carnival Early Signing Discount – LESS \$50.00 if received by Friday, February 19, 2016.***

**TOTAL DUE:** \_\_\_\_\_

**Please Make Checks Payable To: Moss Park PTA**, 9301 North Shore Golf Club Blvd., Orlando, Florida 32832  
 (Agreement can also be faxed to 407-249-4469, ATTENTION: Christal Feldman/ PTA.)

Business Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PTA Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>PTA USE ONLY</b>			
Agreement Rcvd _____	Payment Rcvd _____	Check # _____	Ad Rcvd _____
Ad Size: _____ 1/8 Page _____ 1/4 Page _____ Half Page _____ Full Page			