



CDI-W/Y/J RALEIGH CAPITAL DRESSAGE CLASSIC

May 30- June 1, 2008



2008 Sponsorship/Advertising Contract and Receipt of Contribution

_____ hereafter known as the
ADVERTISER/ SPONSOR/DONOR, agrees to provide the following product, service or cash contribution in
return for those benefits included with that package. Please check appropriate category.

SPONSORSHIP

- Grand Champ.Show Sponsor \$10,000
- Champion Show Sponsor \$ 5,000
- Res. Champ. Show Sponsor \$ 2,500
- Platinum Medal Sponsor \$ 1,000
- Gold Medal Sponsor \$ 500
- Silver Medal Sponsor \$ 400
- Bronze Medal Sponsor \$ 300
- FEI Level Class Sponsor \$ 200
- USEF Level Class Sponsor \$ 100
- Grand Prix Club Sponsor \$ 125
- Patron \$ 50
- Banner Space \$ 100
- Exhibitor Packet Insert \$ 100
- Silent Auction/Raffle \$ _____ *
- *Special _____ \$ _____ *
- Reserved Table \$ 450

ADVERTISING

- Back Cover (7.5"x10") (B-W/4 color) \$500/\$650^
- Inside Front/Inside Back (7.5"x10") \$350^
- Full Page (7.5"x10") \$250^
- Half Page (7.5"x5") \$125
- Quarter Page (3.75"x5") \$ 75
- Business Card (3.75"x2") \$ 40
- Classified (30 words or less) \$ 20
- Public Address Ad (30 sec/daily) \$ 25

^ No charge for a full-bleed ad on covers. For inside page full-bleed ad, please include additional \$25. Add \$10 for each halftone and add \$25 for each negative requiring changes.

Describe Product/Service or type of sponsorship to be provided: (Product/Service donations receive benefits at 75% of retail value.) _____

All contributions are tax deductible to the extent allowed by law.
* (Value of Donation)

Program will be printed in black ink on white paper, except back cover. Advertiser must provide copy ready proof.

Camera ready copy enclosed. Ad design service needed; copy enclosed. Fee payable to NCDCTA.

Ad Design Fees (per ad): \$15 - 1/4 page & under; \$25 - 1/2 page; \$40 - full page. Contact sponsor representative for more information.

Name of Advertiser or Sponsor _____

Address _____

City _____ State _____ Zip _____

Telephone _____ FAX _____ E-Mail _____

*Details of Agreement/Sponsorship _____

How would you like to be listed in the program? _____

Total of cash donation _____ + Value of product/services donated: _____ = Total donation value: _____

Amount paid: _____ Amount due: _____ Check #: _____ Product/Service donation credit (Value of

product/services x 75%): _____. Sponsor benefits listed separately. Contract with full payment must be received by May 15, 2008. Deadline for receipt of camera-ready copy is May 15, 2008. Deadline for receipt of ad copy requiring layout is May 15, 2008.

MAKE checks payable to NCDCTA. Mail copy of signed contract, payment and ad copy to:

NAME Janine W. Malone Phone 919-269-7307 FAX 919-269-6273

ADDRESS: Rosinburg Farm, PO Box 976, Zebulon, NC 27597

Sponsor/Advertiser Representative Signature _____ Date _____

Acceptance by CDI Raleigh/NCDCTA Representative _____ Date _____

For Additional Information, Contact:

CDI Raleigh/NCDCTA Representative Janine Malone Phone: 919-269-7307 E-Mail: jembrph@aol.com

Keep copy of contract for your records! It is your RECEIPT!