



24th Annual

John A. Holbrook Awards Dinner AD BOOKLET ORDER FORM



AD SIZE:

- Full Page Premier Placement ... \$250.00
Includes Table Sponsorship Sign
- Full Page 6.5"H x 4.5"W.....\$200.00
- Half Page 3.25"H x 4.5"W.....\$100.00
- Quarter Page 3.25"H x 2.25"W.....\$50.00
- Congratulatory Message *Text Only*.\$35.00
Sizes are approximations, ads may be slightly enlarged or reduced to fit publication

AD COPY:

Attach your ad copy, original ad or business card to this form. If you would like to submit your ad copy via email (preferred); please send as a pdf. attachment to hruppenicker@westbrookrepublicans.org and return this form with payment only. Please put Holbrook Dinner Ad Book in subject line .

Please note: Low-resolution images will appear noticeable grainy or blurry when reproduced.

Please call with questions regarding ad format, etc (860)391-5166 (Harry)

HONORING

MR. JOHN L. HALL, III
MS. KIMBERLY BRATZ

VISTA LIFE INNOVATIONS

ADVERTISER INFORMATION:

Company Name: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Credit Sale to (Member's Name): _____

SPECIAL INSTRUCTIONS:

PAYMENT:

Order and Pay Online at

<https://secure.anedot.com/westbrookrtc/2023ads>



Deadline May 1, 2024

Or by Check

Please make checks payable to: WRTC

Enclose this form and mail
with your payment to:
PO Box 1125
Westbrook, CT 06498

Please complete form on reverse side →

Event May 15, 2024

Thank You For Supporting the Westbrook Republican Town Committee
Richard Kuehlewind, Treasurer

Sample Certification - Form E

Form E - For use by:

*Town Committees for fundraiser advertising
(Ad Book and Sign Purchases)*

Sample Certification - Form E
Revised January 2012

Advertising Purchase Certification Form
Westbrook Republican Town Committee

Town Committees may not receive advertising purchases from communicator lobbyists, immediate family members of communicator lobbyists, state contractors, prospective state contractors, or principals of state contractor or prospective state contractors.

NAME OF PURCHASER				DATE OF FUNDRAISER (mm/dd/yyyy)	
				May 15, 2024	
Cash		Money Order	Check #	Debit Card/Credit Card	
AMOUNT OF SIGN PURCHASE		AMOUNT OF PROGRAM AD PURCHASE		AMOUNT OF AGGREGATE ADVERTISING PURCHASES THIS CALENDAR YEAR (If known)	
\$		\$		\$	
Is the purchaser a Business Entity?	YES	NO	Is purchase being made from the account of a Sole Proprietorship?	YES	NO
If yes, NAME OF BUSINESS or NAME OF SOLE PROPRIETORSHIP					

* If you are an individual you may enter an alternate address in lieu of your residential address only if you are admitted into the Address Confidentiality Program pursuant to General Statutes § 54-240(a) or if you are one of the individuals with protected address status articulated in General Statutes §1-217.