

Columbus Metropolitan Area Church Council

67 Jefferson Ave - Columbus, OH 43215 – Phone (614) 461-7103 – Fax (614) 280-0352

Website: www.churchcouncilofcolumbus.org

E-mail: church_council@yahoo.com

19TH ANNUAL LIVING FAITH AWARDS BREAKFAST - ADVERTISING ORDER FORM

Advertising only: Fax: 614-280-0352 Phone: 614-296-0092 (Production Questions)

PROGRAM SIZE: 8.5 X 11 (Black & White)

DEADLINES: Advertising reservation due by Wednesday, **APRIL 21, 2010**. Advertising copy due by Wednesday, **MAY 5, 2010**. **Please e-mail ad artwork to:** bjbackus@aol.com or bbackus@columbus.rr.com or mail to Ms. Barbara Backus, 1200 Kenwick Road, Columbus, OH 43209 . **Please make payment (check or money order) payable to, and mail to: CMACC – Advertising-67 Jefferson Ave., Columbus, OH 43215.**

ADVERTISING RATES: Full Page: 7.5 x 10 \$200.00 Half Page: 7.5 x 4/75 \$100.00
Quarter Page: 3.75 x 3.75 \$60.00 Business Card: 2 x 3.50 \$40.00

Please Note: All ad copies must be Black and White – no color, please. Ads should be saved in .jpg, .jpeg, .tif, gif or .pdf., Microsoft Publisher or Word files accepted. Submit via E-mail, CD or Disk. Please plan your advertising according to the sizes above. Ad design is available at an additional charge (quoted at time of request).

PLEASE TYPE OR PRINT

CONTACT PERSON: _____ PHONE: _____

ORGANIZATION NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

EMAIL: _____ FAX: _____

Check Enclosed: \$ _____ Bill Us: _____ (Payable Net 30) Received: ___/___/___

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LIVING FAITH AWARDS BREAKFAST - RESERVATION FORM

Thursday, May 20, 2010 – 8:00 AM

Harry C. Moores Campus Center – Capital University
2199 E. Main Street – Columbus, Ohio 43209

Turn south onto Pleasant Ridge Ave. off E. Main St. The Campus Center is located between Mound and Astor on the west side of Pleasant Ridge. (Free parking)

PLEASE TYPE OR PRINT

ORGANIZATION: _____

CONTACT PERSON: _____ EMAIL: _____ PHONE: _____

MAILING ADDRESS: _____ CITY: _____ ZIP _____

(Your reservations will be noted as received and again as you sign in on the 1st floor when you arrive at the breakfast.)

NUMBER OF RESERVATIONS: _____ @ \$25.00 per reservation = \$ _____ Received: ___/___/___

The Columbus Metropolitan Area Church Council is recognized by the Internal Revenue Service as a 501(c) (3). \$15.00 is tax deductible.

Deadline: Table reservations **deadline** Friday, **MAY 14**. **Individual** reservations which MAY NOT be assigned to a specific table **deadline, MAY 14**. Please list ALL NAMES FOR THOSE WHO WILL BE SEATED at your table(s) ON THE BACK of this form. **Please make payment (check or money order) payable to CMACC and mail to Pastor Jerry L. Miller, 1453 Buck Trail Lane, Worthington, OH 43085**. Please call (614)461-7103, (614)-436-5026 between 10 a.m. and 4 p.m. Monday thru Friday or visit www.churchcouncilofcolumbus.org for additional information.

Thank you for your support of the 19th Annual Living Faith Awards Breakfast!