

DATE _____

SLIDE SHOW ADVERTISING CONTRACT

Customers will submit logos and information for the slide subject to Dream Theatre approval. The Dream Theatre will produce the slide and send proof to the customer. All customer-submitted slides are subject to alteration as deemed necessary by Dream Theatre. The customer will approve the changes.

Dream Theatre's cost is based upon the guarantee that your slide will be shown twice a day, on most weekends, with the slide show starting thirty (30) minutes before show time, or as time allows between shows. Your slide will be seen for up to eight (8) seconds. There is no cost for any additional shows and matinees the theater may choose to run. The advertisement(s) will also run during any additional movies shown.

Dream Theatre cannot be held responsible for any incorrect information on the slide after the order is placed and approved or for any equipment failure. We will do our best to fix and/or replace any equipment promptly.

OPTIONS FOR ADVERTISING ARE AS FOLLOWS:

1 Slide	Yearly cost is \$500 with a minimum of one half (1/2) or six (6) months paid in advance totaling \$250. This fee includes any animations added to slides.								
2 Slides	Yearly cost is \$600 with a minimum of one half (1/2) or six (6) months paid in advance totaling \$300. This fee includes any animations added to slides.								
Non-Profit	4-week cost is \$75 for one (1) slide and needs to be paid for at least one (1) week in advance.								
Monthly	4-week cost is \$100 for one (1) slide and needs to be paid for at least one (1) week in advance.								
Weekend	3-day cost is \$75 for one (1) slide and needs to be paid for at least one (1) week in advance. One week's notice is required.								

Upon acceptance of the Agreement you have the option to cancel after the first six (6) months with thirty (30) days written notice. The remaining balace will be payable thirty (30) days prior to the end of the six (6) months. Prepaid advertising is non-refundable.

Thank you for purchasing advertising on our slide show program. We will make every effort to help your business succeed.														
	Please list the start date of your slide if you are only wanting weekend advertising. ———————————————————————————————————													
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	ост	NOV	DEC			
Busin	ess/Org	anizatio	n Name	>										
Conta	ict Pers	on												
Addre	ess					_ 								
City _				_ Sta	ite		·	Zip Code	÷					
Phone	e #				E-	mail								
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Customer Signature Date Date														
Drea	am The	eatre S	Signati	ıre				Date						
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FOR	OFFI	CE US	E ONL	.Υ										
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Payn	nent re	ceived	by:	CASH	СНЕ	CK C	REDIT	CARD						
				MAILE	D TH	IEATE	10 9	NLINE						