



6Beds, Inc.
Advocating for Safe and Affordable Residential Care

Please join us by completing the advertisement agreement below.

SOUVENIR PROGRAM ADVERTISEMENT CONTRACT

(Please Print)

NAME (FIRM, ETC.)			
ADDRESS		CITY	
STATE	ZIP	Solicitor	

Please Make Checks Payable to: **6Beds, Inc.**
 Please Mail Checks to: 1730 Elmsford Ave., La Habra, CA 90631
Email to : otbo1956@aol.com or call 562/842-7539

DEADLINE July 15, 2015

*BACK COVER	Taken	Full Page.	\$150.00
*Inside Front Cover	\$300.00	Half Page	\$75.00
*Inside Back Cover	\$250.00	Quarter Page	\$50.00
*(Pending Availability - First Come, First Serve)		*(minimum ad-1/4 page for picture)	

Total Cost \$: _____ Check # _____

Special Instructions:

Statement of Commitment/Release

I, the undersigned, agree to pay the sum of \$ _____ for the ad(s) indicated below and attached to this form, I give my permission to have my art/pictures copied and placed in the 6Beds, Inc. Souvenir Program, Special lettering, emblems, logos, artwork, etc, cannot be guaranteed for printing. I understand only camera-ready copy can be guaranteed. Errors in printing due to illegible copy or incorrect spelling are the responsibility of the undersigned.

Signature _____ Date _____

Please email your ADS to : team@bezaworks.com by July 15, 2015.