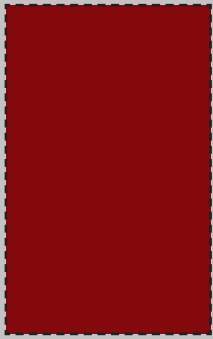
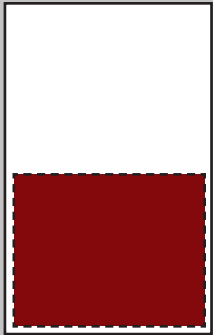


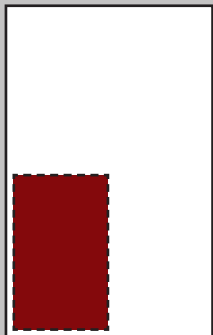
# 26/27 ADVERTISING RATES



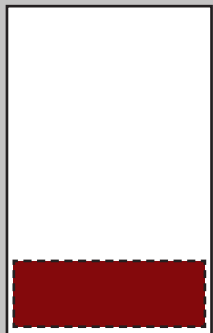
**FULL PAGE**  
5" WIDTH X 8" HEIGHT



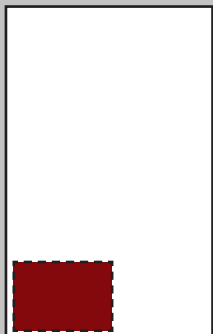
**HALF PAGE**  
5" WIDTH X 3.95" HEIGHT



**QUARTER PAGE**  
VERTICAL  
2.45" WIDTH X 3.95" HEIGHT



**QUARTER PAGE**  
HORIZONTAL  
5" WIDTH X 1.90" HEIGHT



**EIGHTH PAGE**  
2.45" WIDTH X 1.90" HEIGHT

<b>FULL PAGE</b> 5" WIDTH X 8" HEIGHT	
BACK COVER   <b>SOLD</b>	\$3,750
INSIDE FRONT COVER   <b>SOLD</b>	\$2,750
INSIDE BACK COVER   <b>SOLD</b>	\$2,750
INSIDE PAGE	\$2,250
<b>HALF PAGE</b>	
HORIZONTAL 5" WIDTH X 3.95" HEIGHT	\$1,150
<b>QUARTER PAGE</b>	
VERTICAL 2.45" WIDTH X 3.95" HEIGHT	\$625
HORIZONTAL 5" WIDTH X 1.90" HEIGHT	\$625
<b>EIGHTH PAGE</b>	
HORIZONTAL 2.45" WIDTH X 1.90" HEIGHT	\$350

## PREFERRED ADVERTISING ART FORMATS

Ads must be submitted in a pdf, jpeg, or tiff file format, created to actual size, 300 dpi or better resolution. If you need assistance in creating a digital ad let us know.

Please email ads to [toestreich@grandtheater.org](mailto:toestreich@grandtheater.org). For questions contact Tessa Oestreich at 715-298-7552.

Please reserve your ad spaces by **September 15, 2026** and have your ad and payment submitted by **November 1, 2026**.

**Rates listed are for the 26/27 Season and are subject to change.**

# ADVERTISING & SPONSORSHIP RESPONSE FORM

Company Name

Contact Name

Address

City

State

Zip

Phone Number

Email

Please select one or more of the following opportunities.

## Program Booklet Advertisement

### Full Page Options:

- Back Cover | \$3,750 Inside
- Front Cover | \$3,750 Inside
- Back Cover | \$2,750 Inside
- Page | \$2,250

### Half Page Options:

- \$1,150

### Quarter Page Options:

- Vertical | \$625
- Horizontal | \$625

### Eighth Page Options:

- \$350

## Season Sponsorship

Signature Level \$1,000

Supporting Level \$500

### Payment Options:

- Full payment enclosed. Please make check payable to The Grand Theater.
- Please Invoice us.
- Please charge full amount to my credit card. \$ \_\_\_\_\_  
Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_  
CVV: \_\_\_ Cardholder's Signature: \_\_\_\_\_

Return completed form by September 15, 2026 to: The Grand Theater 401 N Fourth St., Wausau WI 54403 or email [toestreich@grandtheater.org](mailto:toestreich@grandtheater.org). For questions contact Tessa Oestreich at 715298-7552.