

The image features decorative flourishes consisting of elegant, swirling black lines that frame the central text on the left and right sides.

33RD BOSTON/NEW ENGLAND

EMMY[®]
AWARDS
CEREMONY

RESERVE AD SPACE NOW

CONGRATULATE NOMINEES AND/OR IDENTIFY YOUR STATION, ORGANIZATION OR BUSINESS AS A SUPPORTER OF THE EMMY® AWARDS' MISSION TO RECOGNIZING EXCELLENCE IN TELEVISION.

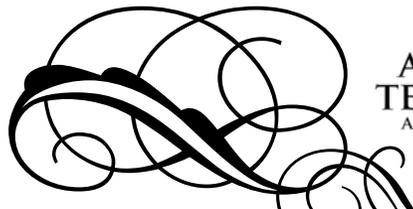
EMMY® PROGRAM BOOK SPACE AND RATES

Full Page Vertical	(4.875" x 7.875")	\$500
Half Page Horizontal	(4.875" x 3.875")	\$275
Third Page Horizontal	(4.875" x 2.5")	\$200
Fourth Page Vertical	(2.375" x 3.875")	\$150

All artwork for program ads much be emailed to natasne@aol.com by Monday, April 26, 2010. File formats must be saved as a 300dpi JPG, GIF, or EPS in Grayscale.

PLEASE DETACH THIS PAGE AND SEND IT WITH PAYMENT IN FULL TO:

NATAS Boston/New England Chapter
P.O. Box 1332
Newport, RI 02840



NATIONAL
ACADEMY OF
TELEVISION
ARTS & SCIENCES



REPLY FORM

PLEASE HOLD THE FOLLOWING NUMBER TICKETS FOR THE 33RD BOSTON/NEW ENGLAND EMMY® AWARDS CEREMONY ON SATURDAY, MAY 22, 2010.

RATES FOR TICKETS PAID IN FULL **BY** WEDNESDAY, MAY 5, 2010

- _____ \$110 per person for NATAS Members &
- _____ \$110 per person for one member guest
- _____ \$125 per person for Non-Members

RATES FOR TICKETS PAID **AFTER** WEDNESDAY, MAY 5, 2010*

- _____ \$120 per person for NATAS Members &
- _____ \$120 per person for one member guest
- _____ \$135 per person for Non-Members

VEGETARIAN MEAL REQUEST, HOW MANY? _____

PAYMENT OPTIONS

Check amount \$ _____ payable to NATAS Boston/New England Chapter.

MasterCard or Visa credit cards only.

Card Number** _____ CW#** _____ Exp.** _____

Card Holder Name* (please print) _____

Street Address _____

City _____ State _____ Zip** _____

Total Charge to Credit Card** \$ _____

This card must be sent with your payment, please detach this page and send it with payment in full to:

NATAS Boston/New England Chapter, P.O. Box 1332, Newport, RI 02840

* Tickets purchase after May 5, 2010, must be guaranteed with a MasterCard or Visa

** Information Required.

All sales are final. No refunds will be issued.

OUT HERE



TABLE ASSIGNMENT REQUEST

TABLE ASSIGNMENT REQUEST – ONLY 10 SEATS PER TABLE.

PLEASE LIST BELOW THE ATTENDEES COVERED BY THIS PAYMENT, INCLUDING YOURSELF.

PLEASE SUPPLY A MASTER LIST IF MORE THAN ONE TABLE.

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

ATTENDEES AFFILIATED WITH: (LIST INDIVIDUAL, STATION OR COMPANY)