



PO Box 398 Rock Springs, WY 82902 307-362-3771

ceo@rockspringschamber.com

www.rockspringschamber.com

Marquee Request Form

The marquee hours of operation are 24 hours per day, 7 days per week.

Each frame is approximately 1-2 seconds; your marquee information will run approximately 1,000 times per day.

Payment must be received in advance; all requests that have not been paid will not go up on the marquee. Please fill out the requested information on the reverse side **exactly** as you would like it to appear on the marquee. Each small box represents one character for a maximum of 12 characters per line at three lines per frame.

The marquee will be updated by 11:00 a.m. each day. Your request and payment must be received one business day prior to your ad's scheduled start date.

Contact Information:

Name: _____

Name of Organization/Business: _____

Address: _____

Phone Number: _____

Essential Information (any additional information you would like the Chamber to be aware of about the information you are requesting to appear on the marquee, such as name/location/date/time of event, ticket prices, where tickets can be purchased, etc.).

THIS IS NOT WHAT WILL APPEAR ON THE MARQUEE.

Notice to Non Profit Organizations:

The Rock Springs Chamber of Commerce cannot guarantee that your information will appear on the marquee as requested. Non-Profit Organization requests for fund raisers or community events are free of charge, but will be "bumped" when there is lack of availability due to 1) Rock Springs Chamber of Commerce/City of Rock Springs announcements or 2) paid advertising on the marquee. Paid advertising is guaranteed to appear on the marquee. If you would like to pay for advertising, the Rock Springs Chamber of Commerce will match your paid advertising (i.e. if you purchase two weeks of paid advertising, the Chamber will match your purchase with two weeks of free advertising).

Dates you would like information to appear on Marquee:

From _____ to _____ for a total of _____ days.

Total cost: _____

Chamber Use Only: Amount Paid: _____ Date: _____ Initial: _____

Date completed: _____ Initial: _____

Bringing Businesses and Communities Together



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Please fill out this information EXACTLY as you would like it to appear on the Marquee. Each box holds ONE LETTER, CHARACTER, NUMBER, or SPACE.

I _____ certify that the above information is correct and agree to the terms and conditions on this form.

Signature: _____

Date: _____

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