

# 2006 Parent Ad Submission Form

Please complete this form and return it with your parent ad and payment by May 1 to:

## **CAMPANILE**

Rice University MS-527

PO Box 1892

Houston, TX 77251

Name of graduate \_\_\_\_\_

Parent name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## **Select your parent ad size:**

- |                            |       |                          |
|----------------------------|-------|--------------------------|
| <input type="checkbox"/> A | \$85  | <b>\$100 after May 1</b> |
| <input type="checkbox"/> B | \$160 | <b>\$180 after May 1</b> |
| <input type="checkbox"/> C | \$160 | <b>\$180 after May 1</b> |
| <input type="checkbox"/> D | \$310 | <b>\$335 after May 1</b> |
| <input type="checkbox"/> E | \$385 | <b>\$420 after May 1</b> |

**Make checks payable to the Rice Campanile.  
Please, no cash.**