SAVE THE DATE!

FRIDAY, SEPTEMBER 12, 2008

10 AM - 2 PM • BALBOA PARK ORGAN PAVILION

Join us at our Resource Fair where we will celebrate recovery from alcohol and other drugs with 50 participating agencies, entertainment and dancing, special guests and much more! ... and, don't forget to bring your brown bag lunch!

www.recoveryhappens-sandiego.org

ECOVE HAPPI

SPONSORED BY:

County of San Diego HHSA Alcohol and Drug Services San Diego County HHSA Providers

The City of San Diego Park & Recreation Department Therapeutic Recreation Services





For More Information, Call Toya Reece at (760) 233-4533 Barron Wright at (760) 745-8478

San Diego Crossroads • Mental Health Systems, Inc. • American Indian Health Council • House of Metamorphosis Vietnam Veterans of San Diego (VVSD) • Crash • Pemarro

OFFICIAL EVENT PROGRAM RATE CARD

Program Advertising Deadline: Quantity FRIDAY, AUGUST 29

Business Card	\$25
Eighth Page	\$50
Quarter Page	\$75
Half Page	\$125
Full Page	\$200
Full Page Premium	
(Inside front or back cover)	\$250

AD DIMENSIONS

Business Card	3.5"w x 2"h
Eighth Page	3.5"w x 3"h
Quarter Page 3	.5"w x 4.5"h
Half Page	7.5"w x 5"h
Full Page 7	.5"w x 10"h
Full Page Premium 7	'.5"w x 10"h

Please provide camera-ready artwork or QuarkXPress 3.3 - 4.0 files.

We also accept EPS. TIFF. PDF and JPEG file formats.



RECOVERY HAPPENS 2008 REGISTRATION FORM



-INRC / UCSD • San Diego Youth & Community Services • Pathfinders of San Diego, Inc. • Ren Daversa Graphic Design

Deadline for Registration is Monday, September 8!

	, ,	•	ludes 1 table and 2 chairs) hairs)	
	Please check here if	f you are bringing your	own canopy (max. size is 12' x 12')	
	Additional Chairs	\$5 ea.	Additional Ta	bles\$10 ea
□ Advertise in Recovery Happens Celebration Program				
	O Business Card O Eighth Page	O Quarter Page O Half Page	○ Full Page○ Full Page Premium	TOTAL AMOUNT ENCLOSED:
	Assist with Donations	\$		

	(list here)	
]	Assist with Raffle Items	

 □ Assist with Raffle Items □ Assist with Set-up and/or Clean-up or other needs on day of event 	(list here)
Contact Person:	
Organization:	
Mailing Address:	
Phone Number:	Fax:
E-mail Address:	
Comments:	

Please mail this form with your check made payable to NCSH to: Attn: Toya Reece, 240 S. Hickory Street Suite 210, Escondido, CA 92025