

Cooperative Advertising Program 2012

Request Form

MiraTEC Sales Representative: _____

Date Submitted: _____

Firm Advertising Name / Address: _____

ADVERTISING INFORMATION

Dealer/Distributor Ad

Builder Ad

Media Newspaper

Target Audience Consumer

Trade Publication

Trade

Radio

TV

Other, describe: _____

PAYMENT INFORMATION

Check/Credit Memo To: _____

Forward Check/Credit Memo To: _____

Phone Number: _____

Email Address: _____

Targeted Market City, State: _____

Total Cost \$: _____

Reimbursement \$: _____

All requests for 2012 Co-Op Advertising funds must be submitted **no later than January 7, 2013 to:**

CMI

Attn: MiraTEC Cooperative Marketing Program

500 W. Monroe, Suite 2010

Chicago IL 60661

This form may be photocopied as needed.

