

Cooperative Advertising Program 2010

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: _____

Telephone Number: _____

Email Address: _____

Targeted Market City, State: _____

Total Cost \$: _____

Reimbursement \$: _____

All requests for 2010 Co-Op Advertising funds must be submitted **no later than January 14, 2011 to:**

CMI
MiraTEC Cooperative Marketing Program
500 W. Monroe, Suite 2010
Chicago IL 60661

This form may be photocopied as needed.