

Co-Operative Advertising Request

Store Name: _____

Address: _____

Phone: _____ Fax: _____

Contact: _____ Email: _____

TO: _____ CLAIM REFERENCE: _____

FROM: _____ DATE: _____

We are pleased to feature your titles in our store's: NEWSLETTER IN-STORE/WINDOW DISPLAY

MEDIA END CAP DISPLAY WEBSITE FEATURE OTHER: _____

We request that you credit our account # _____ for the promotions noted below.

Featured Title/ISBN*

Amount Requested

1. _____

Total Amount Requested: _____

Total Cost of Promotion: _____

Special Notes:

Please send copy of your latest published cooperative advertising policy.

*Additional titles listed on separate sheets.

Co-op Requested: _____

Newsletter Exempt \$ Standard Pool Special

Coop Requested by: _____ Date: _____

Sales Rep Name/Signature: _____ Date: _____

Approved by: _____ Date: _____