



## 2008 Cooperative Advertising and Promotion Request and Claim Form

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Project Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Branch location where advertising/promotion will take place:

City: \_\_\_\_\_ State: \_\_\_\_\_

Description of Co-op Request:

(Attach proof of occurrence - sample, photo, tearsheet, etc., and copies of invoices from supplier's.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Promotion: \_\_\_\_\_

Total Program Cost: \_\_\_\_\_

Co-op Amount @ 50%: \_\_\_\_\_

Approved by Marketing Project Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to:** AFC Cable Systems, Inc., 272 Duchaine Blvd., New Bedford, MA 02745

Attn: Barbara Machado

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