



2005 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

• Phone: 800-757-6996 • Fax: 508-998-8533 • E-Mail: bmachado@afcmail.com