

Today's Date: _____ Dist. _____ Mkt. _____

Aprilaire product to be promoted.: _____

Company Name: _____

Company Name (Phonetic Pronunciation): _____

Contact Person: _____

Street Address: _____

Serving Market (i.e. Greater Chicago Area): _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Phone Number for Advertising (if different from above): _____

Email Address: _____

Website: _____

(Select which items you want to be imprinted as your company information.)

Date for Advertising to begin: _____

Total Budget for Advertising (before co-op): _____

Zip Codes to be used for Advertising:

#1 _____ #2 _____

#3 _____ #4 _____

Alternate Market (if not defined by zip codes): _____

METHOD OF PAYMENT (ATTACHED)

Check (payable to Aprilaire) Check No. _____

or Credit Card: Visa MasterCard AmEx

Card No.: _____

Expiration Date: _____

Cardholder Name (printed): _____

Cardholder Signature: _____

IMPRINT LIT

Form No.: _____ Quantity: _____

Use logo for company name (attached/on file) Use text for company name Fax me a proof for approval

IMPRINT LIT

Form No.: _____ Quantity: _____

Use logo for company name (attached/on file) Use text for company name Fax me a proof for approval

DIRECT MAIL

Coupon 1 Info: _____

Coupon 2 Info: _____

Number of homes to reach: _____ Number of deliveries to each home: _____

Sample Provided Please mail per provided mailing list Please ship to address above (or different address as noted)

NEWSPAPER INSERT/FSI

Coupon 1 Info: _____

Coupon 2 Info: _____

Sample Provided Insertion order is being placed by: Dealer Aprilaire

Insertion date(s): _____ Newspaper Name: _____

Contact Name: _____ Phone Number: _____ Lead Time: _____

NEWSPAPER AD

Coupon 1 Info: _____

Coupon 2 Info: _____

Size of Ad Used: _____ Newspaper Name: _____

Contact Name: _____ Phone Number: _____

RADIO

Radio Station(s) Desired: _____

Contact Name: _____ Phone Number: _____

TV

Network Desired (Recommended= TWC, HGTV, Fox News, CNBC): _____

Spot to be used (i.e. Humidifier 30 second spot): _____

Number of weeks to advertise (Recommended= 20 spots per week): _____

Send or Fax To: **Aprilaire**, PO Box 1467, Madison, WI 53701-1467, Phone: 1-800-334-6011 • Fax: 1-608-257-4357

If more space is needed, please attach a blank piece of paper with additional info.
Advertising lead times can vary, as a guideline, use 3 to 5 weeks from final approval to first date advertising can run.