



## Co-op Request Form

Instructions: Please submit Co-op Request Form to Rorke Data 30 days prior to the marketing activity. Upon review and approval, a sign copy will be emailed to you.

Company Name		Phone	
Address		Fax	
City, State, Zip		Email	
Contact Name		Date	

**Program Description** - please check appropriate program(s)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Direct Mail, email blasts     | <input type="checkbox"/> Sales Promotions    | <input type="checkbox"/> Brochures and Flyers |
| <input type="checkbox"/> Web Marketing                 | <input type="checkbox"/> Advertising, Media  | <input type="checkbox"/> Other _____          |
| <input type="checkbox"/> Catalogs - Printed and Online | <input type="checkbox"/> Trade Show/Seminars |   |

Program Name			
Program Description			
Program/Event Date		\$ Requested	
Point of Contact			

**Program Expenses**

Major Expenses Only	Total Estimated Cost	Rorke Data Portion
	\$	\$
	\$	\$
	\$	\$
<b>Total</b>	\$	\$

<b>Rorke Data Approvals</b>	Name		Approval Date	
	Title		Approval Amount	
	Signature		CoA # Assigned	

Send completed form to [co-op@rorke.com](mailto:co-op@rorke.com) or fax to 952-829-0988