

Phonak Co-op Marketing Program

Position your brand. Stand out in your market.

Program Submission Form

All advertising materials must be pre-approved by Phonak to be eligible for co-op. Use this form to submit requests for co-op reimbursement. You may submit one form for multiple ads if they are identical. Please submit your requests within 90 days of run or drop date. Reimbursements are processed within 6 weeks from date received. You will be notified via mail when credit is applied. Please note unused marketing funds do not rollover to the next quarter.

ACCOUNT INFORMATION:

Account Number: 200 _____ Acct. to Apply co-op: 200 _____
Practice Name: _____ Contact Name: _____
Contact Phone: _____ Contact Fax: _____
Email Address: _____

CO-OP STATUS INFORMATION (check applicable program):

Traditional Marketing Program: <i>(at least \$7,000 in hearing instruments per month)</i>	Advantage You Members: Gold Status	Advantage You Members: Platinum/Executive Platinum Status
<input type="checkbox"/> eCoupons (50% eCoupons up to \$2500/quarter)	<input type="checkbox"/> Co-op Marketing Direct Credit (50% reimbursement up to \$3,000/quarter)	<input type="checkbox"/> Co-op Marketing Direct Credit (50% reimbursement up to \$4,000/quarter)

ADVERTISING INFORMATION:

Media Type: Newspaper Direct Mail TV Radio Other: _____
Publication/Media Name: _____
Drop Date/Run Date(s): _____ Direct Mail Quantity/Newspaper Circulation: _____
Total Advertising Cost: \$ _____ Requested amount for reimbursement: \$ _____

SUBMISSION FORM CHECKLIST: *(You must provide all information below to qualify for reimbursement.)*

- Tearsheets by run date or sample of advertising (i.e. web site address, direct mail piece, DVD, CD, etc.)
 All invoices applicable for this submission Completed Submission Form Tracking data below

Total # Calls Received <i>(do not include calls for Non-solicit requests such as requests to be taken off a mailing list):</i>	Total # Non-solicit Requests <i>(i.e. calls requesting to take off mailing list)</i>	Total # Appointments Booked:	Total # Units Sold:	Total \$ Gross Sales:

WHEN COMPLETED, PLEASE SUBMIT THIS FORM AND ALL CHECKLIST ITEMS TO:

Via Mail: Phonak, LLC
Attn: Marketing Department
Co-op Administrator
4520 Weaver Parkway
Warrenville, IL 60555

Via Fax: 630-836-1261



AdvantageYou members are not eligible for eCoupons. Phonak reserves the right to reject/refuse ads that do not meet corporate image guidelines and requirements. Unused eCoupons will expire after 12 months of account inactivity. Credits and eCoupons may be only used for future purchases.