



ADCLM307
Effective:
March 1, 2007

COOPERATIVE ADVERTISING CLAIM FORM

Distributor/Dealer NAME: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

CO-OP CONTACT: _____

Submitted is our claim for co-op advertising. Enclosed is the appropriate Proof of Action (e.g.: Newspaper tear sheets, circular, insert and direct mail pieces and billing; Radio and Television affidavit and billing; Photograph of exhibit showing Rasmussen products from Consumer show and model numbers of products displayed. Other information to support claim as needed. I understand that this claim is subject to review and acceptance by Rasmussen.

<u>Type of Claim</u>	<u># of Claims Enclosed</u>	<u>Total \$ Requested</u>
Newspaper Ads	_____	_____
Radio Ads	_____	_____
Television Ads	_____	_____
Consumer Shows	_____	_____
Other (describe)	_____	_____

Comments:

Rasmussen/Solaire Cooperative Advertising Allowance Program:

Rasmussen will credit customer's account for 50% of the approved amount of actual space cost, broadcast time charges and other approved advertising, up to the limit of the accrued allowance amount. Proof of advertising required.

Please refer to the Cooperative Advertising Allowance Program or call Rasmussen should you have any questions about the types of qualifying actions or any details of the program.

This program supersedes all previous programs.
We reserve the right to change, withhold or withdraw any program at our discretion.
Possession of this program confers no right to participate in this program.



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