



2012 CO-OP ADVERTISING APPLICATION

Promotions Coordinator: Angie Rios
 Tel: 831-724-6200 -or- 800-662-2544 Ext. 143
 Fax: 800-976-4186

Sales Rep: _____

Date: _____

Store Name: _____	Phone: _____
Buyer: _____	
Address: _____	
City: _____	State: _____ Zip: _____

Does the Following Apply to All Store Locations? Y: _____ N: _____

Advertising Information:

*Please Allow A Minimum 4 Week Lead Time for All Nordic Naturals-to-Creat Ad

Ad Due: _____

Mark One:	Who will create it?
<input type="checkbox"/>	Nordic Naturals
<input type="checkbox"/>	Store/Media

Ad Cost: _____

Ad Period: _____

Mark One:	Ad Type
<input type="checkbox"/>	Radio
<input type="checkbox"/>	Catalog
<input type="checkbox"/>	Newspaper
<input type="checkbox"/>	Flyer
<input type="checkbox"/>	Other: _____

Ad Size: W: _____ H: _____

Bleed/Trim: W: _____ H: _____

Format: _____

Resolution: _____

Mark One:	Ink Type
<input type="checkbox"/>	Color (4/0)
<input type="checkbox"/>	Black & White (1/0)

Mark One:	Discount on ad
<input type="checkbox"/>	15% Off MSRP
<input type="checkbox"/>	20% Off MSRP
<input type="checkbox"/>	25% Off MSRP
<input type="checkbox"/>	Other: _____

Mark One:	Include Your Logo?
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

*Note: Store Logo must be 300dpi

Send Finished Artwork/Text/Images To:	
Name: _____	Send By (Email/FTP): _____
Email Address: _____	

Discount: _____	Buy-In Dates: _____
Please indicate promotion:	
Please indicate desired SKUs for "Pick-6" Promotion	
SKU 1 _____	SKU 2 _____
SKU 3 _____	SKU 4 _____
SKU 5 _____	SKU 6 _____
-OR- _____ Line Drive (All Products)	
-OR- Essential Promotions	
_____ Ultimate Essentials	_____ Complete Essentials
_____ Cod Liver Oil Essentials	_____ DHA + EPA Essentials
_____ Children's Essentials	_____ Heart Essentials
_____ Omega-3 Essentials	_____ New Releases
_____ Vitamin-D + Healthy Aging	_____ Top Sellers
-AND/OR- _____ Pet Essentials (may overlap w/ Standard Promos)	

Pre-Made Promotional Flyers:

*Please note: Pre-Made Flyers cannot be modified

Mark One:	Flyer/Promo Type:
<input type="checkbox"/>	20% Line Drive
<input type="checkbox"/>	20% Essential Promo
<input type="checkbox"/>	20% "Pick-6" Promo

Mark One:	Quantity to Ship:
<input type="checkbox"/>	50
<input type="checkbox"/>	100
<input type="checkbox"/>	150
<input type="checkbox"/>	Other: _____

Poster Artwork:

*Please note: Poster artwork cannot be modified

Send Poster Artwork by (date): _____

Mark One:	Poster/Promo Type:
<input type="checkbox"/>	Line Drive
<input type="checkbox"/>	Essential Promo
<input type="checkbox"/>	Pick-6 Promo

Mark One:	Poster Size (W x H)
<input type="checkbox"/>	8 1/2" x 11"
<input type="checkbox"/>	18" x 30"
<input type="checkbox"/>	24" x 36"

Please read and understand the following carefully and completely before submitting this application:

- Clients are allotted a percentage of total Nordic Naturals sales evaluated quarterly to use towards Co-Op advertising.
- Products are not to be sold at a discount greater than 15% off current published MSRP without prior written approval from Promotions Coordinator.
- Ads not approved by Nordic Naturals prior to publication and/or that are in violation of MAP will NOT be reimbursed.
- A minimum 4 weeks lead-time must be given for NN produced ads.
- Invoices must be submitted within 30 days of ad publication with a copy of the finished ad for reimbursement.
- Completed Co-Op forms must be submitted to Angie Rios for approval.
- NN logo and/or product images must be depicted to be considered a NN ad.
- Ads featuring NN must be a min. of two column inches.
- Charges for photography, artwork, layout or production will not be allowed.
- Unauthorized deductions off invoice will not be allowed.
- Line art is available for all items, visit www.nordicnaturals.com/productimages
- For Promotions Policy, Please refer to either 2012 Co-Op Promotions Application or 2012 Co-Op Policy Document.

I agree to the terms outlined in this document:

Store Manager/Sales Rep: _____ Date: _____
 Nordic Naturals' Approval: _____ Date: _____