

date: _____

CLIENT

NAME: _____

FIRM: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

FAX: _____

ADVERTISING AGENCY

NAME: _____

FIRM: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

FAX: _____

TYPE OF BUSINESS

Subscriber YES

NO

TARGET AUDIENCE

NEW PROGRAMS OR SERVICES: _____

WHO ELSE IS INVOLVED IN THE DECISION: _____

COMMENTS

Yes No

Send Additional Materials

Yes No

Provide Comp Subscription

Yes No

Follow Up