



# Efficiency Excellence Network Co-Op Advertising Reimbursement Form

Ads must be pre-approved to qualify for reimbursement.  
See guidelines for additional information.

Applicant Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Company Address: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Check Payable To: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Type	# of placements	Media Outlet	Size of Ad	Run Date(s)	Cost
<input type="checkbox"/> Newspaper Ad					
<input type="checkbox"/> Magazine Ad					
<input type="checkbox"/> TV Ad					
<input type="checkbox"/> Radio Ad					
<input type="checkbox"/> Digital Ad					
<input type="checkbox"/> Direct Mail					
<input type="checkbox"/> Mail Stuffer					
<input type="checkbox"/> Insert/Flyer					
<input type="checkbox"/> Other					

Eligible partners will be reimbursed up to 50% of the cost of a pre-approved print, radio or digital ad, up to \$1,500 per calendar year. Funding is limited and provided on a first-come, first-served basis. Program is subject to change without notice.

Total Cost:	
Co-Op Amount Requested:	
Co-Op Amount Approved:	

I have read and understand the terms and conditions of the Efficiency Vermont Efficiency Excellence Network Co-Op Ad guidelines and logo requirements, and agree to abide by them. I certify that all information provided on this form is true and correct to the best of my knowledge.

Applicant Signature: \_\_\_\_\_

**Send completed form  
with copies of the ad  
and invoice to:**

EVT Co-op Ad Coordinator  
Efficiency Vermont  
128 Lakeside Ave., Suite 401  
Burlington, VT 05401

Fax: 802-658-1643

Email: evtcoop@efficiencyvermont.com

