800LiNK Rotation Confirmation

Rotation Name: _____ Start Date: _____

Pilot Number: _____

Contact Person: _____

Phone: _____ Fax: _____

Name	Phone	Extension	Name	Phone	Extension

Attach list of addition members if necessary

Enter the name and telephone number for each member of your co-op advertisement. For security purposes, members not included in the above list will not be allowed to participate in the rotation. If you are assigning the mailbox extensions to be used, enter the last four digits of the toll-free number and the four-digit extension. If any individual member is to receive more than one hit per revolution, enter that member the appropriate number of times.

IMPORTANT

It is important to us that your rotation works well and satisfies the needs of your group. We have appointed a Rotation Coordinator to answer any questions you may have and work with you from setup through completion. We will put forth every possible effort to ensure the service is put in to operation properly and on time, but we need your help. We rely on you to verify that all aspects of our work meet with your satistaction. As the administrator of this rotation, we highly recommend that you place test calls to each member of the rotation through the pilot number and confirm with each member that the call was received. Doing this **before** any advertising dollars are committed is the best way to protect your advertising investment and ensure a successful co-op.

Signature_____ Date_____

PLEASE FAX COMPLETED FORM TO 618-222-8151