



APPROVAL FORM

Establishment: _____ Consultant: _____

Address: _____ City _____ State _____ ZIP _____

Participating Advertisers	Contact Person (Print First and Last Name)	Adv. E-mail Address	Phone No.
1. _____			
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21. _____			
22. _____			
23. _____			
24. _____			

I have been shown and I approve the businesses above whose advertisements will appear on the _____ for approximately 52 weeks. Date: _____
Product

 Authorized Signature Print Signature Print Title