

APPROVAL FORM (Multi-Page 1 of 2)

Establishment: _____ Consultant: _____

Address: _____
City
State
ZIP

| Participating Advertisers | Contact Person (Print First and Last Name) | Adv. E-mail Address | Phone No. |
|---------------------------|-----------------------------------------------|---------------------|-----------|
| 1. _____ | | | |
| 2. _____ | | | |
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| 20. _____ | | | |
| 21. _____ | | | |
| 22. _____ | | | |
| 23. _____ | | | |
| 24. _____ | | | |

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

Authorized Signature
Print Signature
Print Title

APPROVAL FORM (Multi-Page 2 of 2)

Establishment: _____ Consultant: _____

Address: _____
City State ZIP

| Participating Advertisers | Contact Person (Print First and Last Name) | Adv. E-mail Address | Phone No. |
|---------------------------|-----------------------------------------------|---------------------|-----------|
| 25. _____ | | | |
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| 46. _____ | | | |
| 47. _____ | | | |
| 48. _____ | | | |

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

Authorized Signature Print Signature Print Title