

Wholesalers Event Donation Request Form

We would love to assist you in promoting the **Sore No More Natural Pain Relieving Gels** at your next event.



The trial sized samples are available in the **Original Warm Therapy** and now in the **New Cool Therapy**.

Please fill out this form in full and submit via fax, email or mail at least **four weeks prior** to the date of the event. Please include a copy of the schedule, event flyer or program with your request.

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|-----------------------------|--------------------------------------|
| Event Name: | |
| Coordinator Name / Title: | Phone Number: () |
| Event Date(s): | Date Samples needed: |
| Expected Attendance number: | Will samples be placed in Goody Bag? |

Please list the number of samples you will need for this event:

| | |
|--|--------------------------|
| Original WARM Therapy* | New COOL Therapy* |
| Please list your requested quantity of brochures*: | |

*Quantities sent may vary from requested amount.

Company/Address information to send trial-size packets:

| | | | |
|-------------------------------|-------------|------------|-----------|
| Company Name: | | Attention: | |
| Shipping Address: (No PO Box) | | | |
| | | | |
| City: | | State: | Zip Code: |
| Phone:() | Fax:() | Email: | |

Send all information to:

| | | |
|--|--------------------------|---|
| Sombra Professional Therapy Products Attn: Jeff Baskett 5951 Office Blvd.NE Albuquerque, NM 87109 | Follow us at: | Fax: 505-888-0189 e-mail: jeff@sombraUSA.com |
| | | |
| | | |

Sombra Use Only

| | | |
|-----------------------------|-------------------------------|-----------------------------------|
| Date Rec'd _____ | Date Needed _____ | Date Sent _____ |
| FB <input type="checkbox"/> | Like <input type="checkbox"/> | Referral <input type="checkbox"/> |
| WT <input type="checkbox"/> | | |