

*Parent Number: _____ *Sold to Customer Number: _____

*Dealer Name: _____

*Contact Name: _____
(First, Last)

*Street Address: _____

*City: _____

*State: _____ *Zip Code: _____

* Denotes Required Fields

PURINA®

2016 BUSINESS BUILDER

CHECK-R-BOARD® DAYS ENROLLMENT FORM

SELECT YOUR PACKAGE

Refer to the 2016 Business Builder Semester Brochure for the program elements included in the Amplified and Basic Check-R-Board® Days Event Packages.

☐ **Amplified Package** (CED & Qualified Dealers Only - \$1,000 Buy In)

☐ **Basic Package** (No Cost)

Event will be held: _____ (approximate time frame)

1. Amplified Package (CED and Qualified Dealers Only)

Please complete this section in its entirety if you wish to **BUY IN** to the **AMPLIFIED Check-R-Board® Days Event Package**. The Buy In is \$1,000 per location for **Certified Expert Dealers and Qualified Dealers** only. This is an **OPTIONAL** election and **100%** reimbursable from your **Selling Support Budget**.

Select the method of payment:

☐ Deduct from my Selling Support Budget (must have sufficient funds)

☐ Check enclosed (checks must accompany this form) Check # _____

Make checks payable to: Purina Animal Nutrition LLC
P.O. Box 66812
St. Louis, MO 63166
ATTN: Nancy Mogelnicki

☐ Draft my account – Customer # _____

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY.

Complete one form for each location hosting a Check-R-Board® Days Event. If check payment is chosen, the check must accompany this form.

Return this form to:

MAIL: Purina Animal Nutrition LLC
P.O. Box 66812
St. Louis, MO 63166
ATTN: Nancy Mogelnicki

FAX: (651) 234-8493
ATTN: Nancy Mogelnicki

Today's Date

Dealer's Authorized Signature

Purina Animal Nutrition LLC Sales Specialist Signature

KITS WILL BE AVAILABLE FEBRUARY 1, 2016

More details can be found in the Semester Brochure!