PLEASE COMPLETE THIS FORM IN ITS ENTIRETY

PLEASE COMPLETE THIS	5 FORM IN 115 ENTIRETY
Parent Number:	Sold to Customer Number:
Dealer Name:	(First, Last)
	(
Street Address:	
City:	
State:	Zip Code:
1. Select Your Packa	age
	builder Semester Brochure for the program olified and Basic Check-R-Board® Days
	Dealers Only - \$1,000 Buy In)
☐ Basic Package (No Cos	st)
Event will be held: (a	approximate time frame)
Date:	
2. Amplified Package (Elite CED, CED and Qua	
AMPLIFIED Check-R-Board® Der location for Elite Certified E	on in its entirety if you wish to BUY IN to the Days Event Package. The Buy In is \$1,000 Expert Dealers, Certified Expert Dealers and an OPTIONAL election and 100% reimbursable get.
Check enclosed (checks Check # Make checks payable to: Purina Animal Nutrition LLC P.O. Box 66812 St. Louis, MO 63166	ng Support Budget (must have sufficient funds a must accompany this form)
Purina Animal Nutrition LLC P.O. Box 66812	

□ Draft my account - Customer # _

Check-R-Board® Days Enrollment Form



2017 **Business Builder**

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY.

- Complete one form for each location hosting a Check-R-Board® Days Event.
- 2. If check payment is chosen, the check must accompany this form.
- 3. Dealer and Sales Specialist complete this form.

е

Dealer's Authorized Signature

Purina Animal Nutrition LLC Sales Specialist Signature

4. Send to the Area Sales
Office for Area Sales
Manager approval.

SALES USE ONLY

Return this form to:

Mail

Purina Animal Nutrition LLC P.O. Box 66812 St. Louis, MO 63166 ATTN: Business Builder

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Fax:

FAX: (651) 234-8493 ATTN: Business Builder