



5595 Equity Ave. Suite 500, Reno, NV 89502
Ph: (775) 335-4700 Fax: (775) 335-4750

EXHIBITIONS REQUEST FORM #1045

Per Rule F-18, Independent Market Associates (IMAs) are permitted to sell and display Omnitrition's products, plan and program at publicly advertised FAIRS, HOME SHOWS, TRADE SHOWS, MALL EXHIBITIONS, and similar events providing approval has been obtained in advance from Omnitrition through the completion and submission of this form along with the pertinent documents.

If approval is granted by Omnitrition, the IMA completing this form will be held responsible for upholding the Omnitrition Code of Professional Ethics and the Rules and Regulations for Independent Marketing Associates.

IMA's Social Security Number: _____ Date: _____

IMA's Name: (Last, First, Middle) *Please Print* _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Work Phone Number: _____

Requesting Approval for (Check One):

- Fair Trade Show Home Show Mall Exhibition Other

Briefly Explain What Type of Event This Is: _____

Event Dates Are: From _____ To _____
Month Day Year Month Day Year

Location of Event: City _____ State _____

NOTE: YOU MUST ATTACH A COPY OF THE EVENT CONTRACT OR AGREEMENT WITH THIS REQUEST FORM. DO NOT MAKE ANY COMMITMENT TO PARTICIPATE AT THIS OR ANY OTHER EVENT UNTIL YOU HAVE RECEIVED THE WRITTEN APPROVAL FROM OMNITRITION.

I have read and understand Rules F-17 & F-18 of the Omnitrition Rules & Regulations. By my signature I/we understand and agree that I/we will be held responsible for upholding Omnitrition's Rules and Regulations during the length of this event and in my/our continuing performance as an Omnitrition Distributor.

IMA's Signature _____

FOR OFFICE USE ONLY

DATE RECEIVED: _____ REVIEWED BY: _____

APPROVED NOT APPROVED OTHER _____

Authorized Signature: _____