



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

TELEVISION/RADIO ADVERTISING REQUEST FORM #1060

Per Rule D-7 Print and Electronic Advertising and Rule D-8 Media Interviews – *Omnitrition IMAs may be permitted to advertise on television and radio using only Omnitrition – approved materials. IMAs MUST SEEK PRIOR WRITTEN APPROVAL from the Omnitrition Corporate Communications Department by submitting a copy of the proposed material(s), either in written script or tape-recorded form, along with this form. Omnitrition IMAs are strictly prohibited from placing any television or radio advertisements, or granting ANY media interviews, whether live or recorded, or making any type of statement to the public media to publicize Omnitrition, its products, or their individual Omnitrition business enterprises, except with the express, PRIOR written approval of Omnitrition.*

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: _____

ALL INFORMATION MUST BE PROVIDED IN A COMPLETE AND TRUTHFUL MANNER.

(Use additional paper if necessary.)

ATTACH SCRIPT OR ENCLOSE TAPE.

1. Television or radio station(s) on which advertising will be scheduled: _____

2. Length of time, day of the week, time of the day and dates advertising is scheduled to run on each station **(If approval is granted, approval will apply ONLY to those stations and scheduled runs submitted on this form):** _____

3. Distributor's name and/or phone number to appear as contact on commercial: _____

I have read and understand Rule D-7 and Rule D-8 of the Omnitrition Rules & Regulations. I understand that if approval is granted to this request, I will only use the approved material(s) and only for the intended use.

IMA's Signature

FOR OFFICE USE ONLY

DATE RECEIVED: _____ REVIEWED BY: _____

APPROVED NOT APPROVED OTHER _____

Authorized Signature: _____