LIMOUSIN
NORTH AMERICAN LIMOUSIN FOUNDATION

2008–2009 State Cooperative Marketing Plan

The _____ **requests $** _____
association name *grand total*

Instructions: Column 1: the month and year of the marketing activity; include everything between ***Sept. 1, 2008, and Sept. 30, 2009.*** Column 2: the name of the publication, radio or TV station, or event; include your contact person's name and phone number. Column 3: all details affecting the total cost of the marketing activity. Column 4: the total cost of the marketing activity to your association. Column 5: how much of the total cost ***(up to half)*** your association would like reimbursed from NALF. Be sure to note the grand total of your reimbursement requests (Column 5) in the blank at the top of this page. ***On the other side of this form*** (at the bottom), include contact information for the person who will execute this plan. Copy this form as needed to outline your plan completely. ***Please print clearly.*** Mail or fax this form to NALF by ***July 25, 2008.***

Month (Sept. '08–Sept. '09)	Publication, station or event & contact name w/ phone #	Details	Total cost	Reimbursement requested from NALF
Sept. '08	Example Livestock Weekly Ms. Pat Doe, 1-800-555-5555	¼ page (6¾" × 6"), black & white, 2 times (Sept. 4 & 18)	$1,540	$770

Month (Sept. '08–Sept. '09)	Publication, station or event & contact name w/ phone #	Details	Total cost	Reimbursement requested from NALF

Marketing coordinator's name and mailing address:_____

Phone: _____ Fax: _____ E-mail: _____